

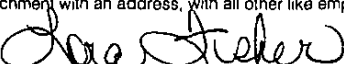


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # 732617			
1. Entity Name PANHANDLE WATERMELON FESTIVAL, INC.			
Principal Place of Business 1212 WOODROW AVE CHIPLEY, FL 32428 US	Mailing Address PO BOX 561 CHIPLEY, FL 32428 US		
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent PEEL, COLBY 1212 WOODROW AVE CHIPLEY, FL 32428		01092007 No Chg-NP CR2E037 (4/06)	
DO NOT WRITE IN THIS SPACE		4. FEI Number 59-1702338	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FISHER, LORA 1479 CLAYTON RD CHIPLEY, FL 32428		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEEL, COLBY 1212 WOODROW AVE CHIPLEY, FL 32428		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ANDREASEN, A M 1424 JACKSON AVE STE A CHIPLEY, FL 32428		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		1/9/07 850-638-6268	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	