

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2008 08:00 AM
Secretary of State

DOCUMENT # F85284

1. Entity Name
PANHANDLE SIGNAL, INC.



Principal Place of Business
**2721 E. HWY 390
LYNN HAVEN, FL 32444 US**

Mailing Address
**P.O. BOX 1500
LYNN HAVEN, FL 32444 US**



02192008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2199518	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**KELLY, PAMELA
2230 AMHURST ST.
LYNN HAVEN, FL 32444**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U00000833776
02/28/08-80026-015 158.75

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	PETERSON, LARRY, JR.
STREET ADDRESS	2721 EAST HIGHWAY 390
CITY-ST-ZIP	LYNN HAVEN, FL

TITLE	STD
NAME	KELLY, HARRY W., JR.
STREET ADDRESS	2230 AMHURST ST.
CITY-ST-ZIP	LYNN HAVEN, FL

TITLE	PD
NAME	KELLY, PAMELA
STREET ADDRESS	2230 AMHURST ST.
CITY-ST-ZIP	LYNN HAVEN, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 607, 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: _____

Pamela Kelly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-08 850-271-3881
Date Daytime Phone #

Pamela Kelly President/Director