

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # H21998

1. Entity Name  
PANHANDLE AUCTIONS INCORPORATED



Principal Place of Business

% RONALD DAVIS  
3453 WOODREST RD.  
COTTONDALE, FL 32431

Mailing Address

% RONALD DAVIS  
3453 WOODREST RD.  
COTTONDALE, FL 32431

FILED  
Jan 24, 2006 08:00 AM  
Secretary of State



01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-2459652

Applied For  
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, RONALD  
3453 WOODREST RD  
COTTONDALE, FL 32431

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution.



\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DAVIS, RONALD
STREET ADDRESS	3453 WOODREST ROAD
CITY-ST-ZIP	COTTONDALE, FL
TITLE	D
NAME	DAVIS, SHIRLEY
STREET ADDRESS	3453 WOODREST RD.
CITY-ST-ZIP	COTTONDALE, FL
TITLE	D
NAME	WILSON, KIM
STREET ADDRESS	3453 WOODREST RD.
CITY-ST-ZIP	COTTONDALE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000399760  
02/01/06-80026-003 158.75

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/06 850-638-1  
Date Daytime Phone #