


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90023 010 ***150.00

DOCUMENT # M72947	
1. Entity Name PANHANDLE MARINE & FABRICATIONS, INC.	

Principal Place of Business C/O PATTY BROGDON 1323 BECK AVE. <i>2325 Allison Ave</i> PANAMA CITY, FL 32408	Mailing Address C/O PATTY BROGDON 1323 BECK AVE. <i>2325 Allison Ave</i> PANAMA CITY, FL 32408
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40013031



01222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	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

BROGDON, PATTY
~~1323 BECK AVE.~~ *2325 Allison Avenue*
 PANAMA CITY, FL 32408

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 *M. Patty Brogdon, Pres.* DATE *2-11-05*

Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS BROGDON, PATTY 2325 ALISON AVE. PANAMA CITY BCH., FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD BROGDON, PATTY 2325 ALISON AVE. PANAMA CITY BCH., FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

Note
ADDRESS Change:
Patty Brogdon
2325 Allison Ave
Panama City, FL
32408

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR