


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # M72947

1. Entity Name
PANHANDLE MARINE & FABRICATIONS, INC.



Principal Place of Business Mailing Address

**C/O PATTY BROGDON
 2325 ALLISON AVE
 PANAMA CITY FL 32408**

**C/O PATTY BROGDON
 2325 ALLISON AVE
 PANAMA CITY FL 32408**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

4. FEI Number Applied For

NO-T APPLICABLE Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BROGDON, PATTY
 2325 ALLISON AVENUE
 PANAMA CITY FL 32408**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when resigning)

FILE NOW!!! - FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be Added to Fees**

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> Delete
NAME	BROGDON, PATTY	
STREET ADDRESS	2325 ALISON AVE.	
CITY-ST-ZIP	PANAMA CITY FL 32408	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	BROGDON, PATTY	
STREET ADDRESS	2325 ALISON AVE.	
CITY-ST-ZIP	PANAMA CITY FL 32408	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 02/15/08-80033-017 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *M. P. Brogdon* *Patty Brogdon* *2-5-08* *850-234-5378*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date D-Tel. No. Phone #