

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008705

FILED
Apr 19, 2005
Secretary of State

Entity Name: FL PAN-HANDLERS ASC, INC.

Current Principal Place of Business:

106 HIGHLAND DRIVE
FT WALTON BEACH,, FL 32548 US

New Principal Place of Business:

Current Mailing Address:

106 HIGHLAND DRIVE
FT WALTON BEACH,, FL 32548 US

New Mailing Address:

FEI Number: 41-2173442

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REYENGA, MARY
1114 MARY FOX CT
GULF BREEZE, FL 32563 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCNEILL, ROBIN
Address: 106 HIGHLAND DRIVE
City-St-Zip: FT WALTON, FL 32548 US

Title: VP () Delete
Name: REYENGA, MOLLY
Address: 1114 MARY FOX CT
City-St-Zip: GULF BREEZE, FL 32563 US

Title: T () Delete
Name: SCRIVNER, BECKY
Address: 2655 TAMBRIDGE CIRCLE
City-St-Zip: PENSACOLA, FL 32503 US

Title: DIR () Delete
Name: ADAMS, ROGER
Address: 200 HICKORY TREE
City-St-Zip: CRESTVIEW, FL 32539

Title: DIR () Delete
Name: ELHOFFER, SARAH
Address: 8469 DEATON BRIDGE RD
City-St-Zip: HOLT, FL 32564

Title: DIR () Delete
Name: SCHAUFLE, JEANETTE
Address: 5980 RIDGE CREST CIRCLE
City-St-Zip: MILTON, FL 32570

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MOLLY REYENGA

VP

04/19/2005

Electronic Signature of Signing Officer or Director

Date