2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State
03-23-2005 90034 034 ***150.00

DOCUMENT # P00000027250

1. Entity Name
PANHANDLE BABY, INC.

Principal Place of Business	Mailing Address
105 HERON TURN PANAMA CITY BEACH, FL 32407	105 HERON TURN PANAMA CITY BEACH, FL 32407

02242005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
8501 N. Lagoon Drive	8501 North Lagoon Drive
Suite, Apt. #, etc.: #207	Suite, Apt. #, etc.: #207
City & State: Panama City Beach, FL	City & State: Panama City Beach, FLA.
Zip: 32408 Country:	Zip: 32408 Country:

4. FEI Number: 59-0284570 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WALSINGHAM, PAMELA 105 HERON TURN PANAMA CITY BEACH, FL 32407	Name: Cheryl L. Walsingham Street Address (P.O. Box Number is Not Acceptable): 8501 North Lagoon Dr. #207 City: Panama City Beach FL Zip Code: 32408

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: Cheryl L. Walsingham DATE: 3-4-05
Signature, type or printed name of registered agent and title if 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALSINGHAM, PAMELA 105 HERON TURN PANAMA CITY BEACH, FL 32407	☒ Delete	P.D. Walsingham, Cheryl 8501 North Lagoon Drive #207 Panama City Beach, FL. 32408	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALSINGHAM, MICHAEL 105 HERON TURN PANAMA CITY BEACH, FL 32407	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Cheryl L. Walsingham 3-4-05 850-230-9045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #