

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000032027**

1. Entity Name  
PFP HOLDINGS, INC.



Principal Place of Business  
1002 W. 23RD ST., STE. 400  
PANAMA CITY, FL 32405

Mailing Address  
1002 W. 23RD ST., STE. 400  
PANAMA CITY, FL 32405



01112006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3637621

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

PIPPIN, LAURETTA J  
1002 W. 23RD ST., STE. 400  
PANAMA CITY, FL 32405

**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

1101001540416  
05/10/06-80016-018 158.75

**10. OFFICERS AND DIRECTORS**

TITLE DPT  
NAME BARR, JIMMY D  
STREET ADDRESS 1002 W 23RD ST STE 400  
CITY-ST-ZIP PANAMA CITY, FL 32405

TITLE DV  
NAME CHAPMAN, JOSEPH F IV  
STREET ADDRESS 1002 W 23RD ST STE 400  
CITY-ST-ZIP PANAMA CITY, FL 32405

TITLE D  
NAME CHAPMAN, JOSEPH F III  
STREET ADDRESS 1002 W 23RD ST STE 400  
CITY-ST-ZIP PANAMA CITY, FL 32405

TITLE S  
NAME PIPPIN, LAURETTA J  
STREET ADDRESS 1002 W 23RD ST STE 400  
CITY-ST-ZIP PANAMA CITY, FL 32405

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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:** \_\_\_\_\_

Lauretta J. Pippin, Secretary

4/20/06

(850) 769-8981

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #