2008 FOR PROFIT CORPORATION

ANNUAL REPORT

FILED Mar 27, 2008 8:00 am Secretary of State

| DOCUMENT # P0000032027 1. Entity Name PFP HOLDINGS, INC. | | | | | 03-27-2008 90037 048 ***158.75 | | | |
|---|---|---|---------------------------------------|--|--------------------------------|--------------------------|--------------------------|--|
| Principal Place of Business Mailing Address | | | <u> </u> | 7 | | | | |
| | | 1002 W. 23RD ST., STE. 400 Panama City, FL 32405 | | 1 | i Brisi Briif Reili Briil Esti | | 1.C., | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 02122008 | Chg-P | CR2E034 (12/06) | | |
| City & State | | City & State | | 4. FEI Numb 59-363 | | | pplied For ot Applicable | |
| Zip | Country | Zip | Country | 5. Certificate | of Status Desired | \$8.75 Ad Fee Require | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and | Address of New R | legistered Agent | | |
| PIPPIN, LAURETTA J | | | Name | | | | | |
| | BRD ST., STE. 400 CITY, FL 32405 | | Street Addres | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | | | | | ! | |
| | | | City | | | FL Zip Coo | | |
| 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 DATE | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financi Trust Fund Contribution. | | | | 5.00 May Be dded to Fees | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. | ADDITIONS | /CHANGES TO OFF | ICERS AND DIRECTOR | RS IN 11 | |
| NAME STREET ADDRESS CITY-ST-ZIP | D BARR, JIMMY D 1002 W 23RD ST STE 400 PANAMA CITY, FL 32405 | ∫ ≭ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV CHAPMAN, JOSEPH F IV 1002 W 23RD ST STE 400 PANAMA CITY, FL 32405 | ☐ Delete | TITLE NAME STREET ADDRESS CHY-SI-ZIP | | | ☐ Change | ☐ Addition | |
| IITLE NAME STREET ADDRESS CITY+ST-ZIP | D CHAPMAN, JOSEPH F III 1002 W 23RD ST STE 400 PANAMA CITY, FL 32405 | ☐ Delete | 111LE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | Addition . | |
| TITLE NAME STREET ADDRESS CITY-SE-ZIP | S PIPPIN, LAURETTA J 1002 W 23RD ST STE 400 PANAMA CITY, FL 32405 | ☐ Delele | IITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | PT HENRY, ROBERT F III 1002 W 23RD ST STE 400 PANAMA CITY, FL 32405 | □ Delele | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY+ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | Addition | |

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 instruction of the corporation or the receiver or instruction of the corporation or an attachment with an another statement with an address, with all their like empowered.

AME OF SIGNING OFFICER OR DIRECTOR

Lauretta J. Pippin, Secretary

3/21/08

(850) 769-8981

Daytime Phone ₹

Date