


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 21, 2004 8:00 am**  
**Secretary of State**

06-21-2004 90005 012 \*\*\*150.00

<b>DOCUMENT # P00000098414</b> 1. Entity Name <b>PANHANDLE SIGN LANGUAGE SERVICES, INC.</b>			
Principal Place of Business <b>600 UNIVERSITY OFFICE BOULEVARD SUITE 8-A PENSACOLA, FL 32504</b>		Mailing Address <del>600 UNIVERSITY OFFICE BOULEVARD SUITE 8-A PENSACOLA, FL 32504</del>	
2. Principal Place of Business Suite, Apt. #, etc. <b>Suite 4-A</b> City & State Zip Country <b>32534</b> <b>FL</b>		3. Mailing Address <b>10360 Old Dairy Lane</b> Suite, Apt. #, etc. City & State <b>Pensacola, FL</b> Zip Country <b>32534</b> <b>FL</b>	
4. FEI Number <b>59-3588051</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		06172004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent <b>CARAWAY, JONI 3351 DURNIE DRIVE CANTONMENT, FL 32533</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State Zip Code <b>FL</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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 <b>DP CARAWAY, JONI 3351 DURNIE DRIVE CANTONMENT, FL 32533</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>DST CARAWAY, BONNIE 3351 DURNIE DRIVE CANTONMENT, FL 32533</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.			
<b>SIGNATURE: <u>Bonnie Caraway - Bonnie Caraway</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>6-16-04</b> Daytime Phone # <b>850-477-7474</b>	