


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000108734 1. Entity Name P & C WOODWORKS, INC.	
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Principal Place of Business
900 NORTH EAST AVENUE
PANAMA CITY, FL 32401

Mailing Address
900 NORTH EAST AVENUE
PANAMA CITY, FL 32401



01142006 No Chg-P CR2E034 (11/05)

4. FEI Number
02-0647125

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WHITTON, JEFFREY P
565 HARRISON AVENUE
PANAMA CITY, FL 32401

**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**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WHITTON, JEFFREY P
STREET ADDRESS	565 HARRISON AVENUE
CITY-ST-ZIP	PANAMA CITY, FL 32401

TITLE	VSTD
NAME	SAPP, PAMELA D
STREET ADDRESS	3187 RECA RD
CITY-ST-ZIP	VERNON, FL 32462

TITLE	PD
NAME	DAVIS, CARL W
STREET ADDRESS	3187 RECA RD
CITY-ST-ZIP	VERNON, FL 32462?

TITLE	D
NAME	LEMIEUX, RICKY L
STREET ADDRESS	2206 E 6TH CT
CITY-ST-ZIP	PANAMA CITY, FL 32401

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/07/06-80010-004 158.75

**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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Pamela D. Sapp 1-25-06 850-2590