




# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000076673					
1. Entity Name <b>PANHANDLE QUARTZ SURFACING, INC.</b>					
Principal Place of Business 2060 THOMASVILLE ROAD TALLAHASSEE, FL 32308			Mailing Address 2060 THOMASVILLE ROAD TALLAHASSEE, FL 32308		
2. Principal Place of Business <b>919 KENDALL DR</b> Suite, Apt. #, etc.		3. Mailing Address <b>919 KENDALL DR</b> Suite, Apt. #, etc.			
City & State <b>TALLAHASSEE, FL</b>		City & State <b>TALLAHASSEE, FL</b>		4. FEI Number <b>20-1108956</b>	
Zip <b>32301</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KENDRICK, TRICIA J</b> 2060 THOMASVILLE ROAD TALLAHASSEE, FL 32308			7. Name and Address of New Registered Agent Name <b>ODIS G. KENDRICK JR</b> Street Address (P.O. Box Number is Not Acceptable) <b>919 KENDALL DR</b> City <b>TALLAHASSEE</b> FL Zip Code <b>32301</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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <b>ODIS G. KENDRICK JR</b>  <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> <b>4/25/2005</b>  <small>DATE</small> </div> </div>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>O</b> <b>KENDRICK, TRICIA</b> <input checked="" type="checkbox"/> Delete <b>2060 THOMASVILLE ROAD</b> <b>TALLAHASSEE, FL 32308</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>000053933500</b> <input type="checkbox"/> Addition <b>05/06/05--01008--006 **150.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>KENDRICK, ODIS G IV</b> <b>2060 THOMASVILLE ROAD</b> <b>TALLAHASSEE, FL 32308</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input checked="" 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	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DONALD WAYNE SIMPSON-PHILLIPS</b> <b>7405 NUTS RUT RD</b> <b>TALLAHASSEE, FL 32305</b>	
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  	
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  	
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 all other like empowered.					
SIGNATURE: 			<b>4/25/2005</b> <b>850 519 4321</b> <small>Date Daytime Phone #</small>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

