


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90169 022 ***150.00

DOCUMENT # P06000004635 1. Entity Name PANHANDLE MILLWORK, INC.																													
Principal Place of Business P.O. BOX 6137 NAVARRE, FL 32566			Mailing Address P.O. BOX 6137 NAVARRE, FL 32566																										
2. Principal Place of Business - No P.O. Box # 1739 Turkey Oak		3. Mailing Address 8608 Navarre Pkwy																											
Suite, Apt. #, etc. 		Suite, Apt. #, etc. # 321																											
City & State Navarre, FL		City & State Navarre, FL		4. FEI Number 20-4124594																									
Zip 32566		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent MCBRIDE, ROBERT W 1739 TURKEY OAK NAVARRE, FL 32566			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																										
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 ROBERT W. MCBRIDE PRESIDENT <i>Robert W. McBride</i> 4-3-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>																													
— FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">P</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MCBRIDE, ROBERT W</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>P.O. BOX 6137</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NAVARRE, FL 32566</td> <td></td> </tr> </table>			TITLE	P	<input type="checkbox"/> Delete	NAME	MCBRIDE, ROBERT W		STREET ADDRESS	P.O. BOX 6137		CITY-ST-ZIP	NAVARRE, FL 32566		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: ROBERT W. MCBRIDE <i>Robert W. McBride</i> 4-3-2007 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													

40059603



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