


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90109 045 ***150.00

DOCUMENT # P06000063746	
1. Entity Name PANHANDLE METAL FABRICATION, INC.	

Principal Place of Business 1738 CREIGHTON ROAD PENSACOLA, FL 32504	Mailing Address 1738 CREIGHTON ROAD PENSACOLA, FL 32504
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60012084



2. Principal Place of Business, No P.O. Box # 9530 Pine Cone Dr	3. Mailing Address 9530 Pine Cone Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01312007 Chg-P CR2E034 (12/06)

City & State Cantonment, FL	City & State Cantonment, FL
Zip 32533	Country ESAMON

4. FEI Number 20-4832119	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FAUBERT, SANDRA F 8076 CASTLE POINT WAY PENSACOLA, FL 32506	
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7. Name and Address of New Registered Agent Name Christopher N. Gardner Street Address (P.O. Box Number is Not Acceptable) 9530 Pine Cone Dr City Cantonment FL Zip Code 32533	
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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 Christopher N. Gardner <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE 1/31/07 <small>(NOTE: Registered Agent signature required when reinstating)</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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P/D GARDNER, CHRISTOPHER N 8208 TEMPEST DRIVE PENSACOLA, FL 32506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition V.P/D BASS, James L 2341 Brookwood Place Cantonment, FL 32533
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> 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 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: Christopher N. Gardner <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE 1/31/07 <small>Daytime Phone #</small>