


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2008 8:00 am**  
**Secretary of State**

07-11-2008 90016 005 \*\*\*558.75

<b>DOCUMENT # P93000034962</b> 1. Entity Name <b>WEST FLORIDA WIRE ROPE, RIGGING AND HARDWARE, INC.</b>					
Principal Place of Business <b>1901 EAST AVE. PANAMA CITY, FL 32405 US</b>			Mailing Address <b>1901 EAST AVE. PANAMA CITY, FL 32405 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
6. Name and Address of Current Registered Agent  <b>BOWDISH, RALPH L 2814 WEST 22ND ST PANAMA CITY, FL 32405</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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 \$550.00 Due by September 12, 2008</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>D</b> <b>BOWDISH, RALPH L</b> <b>2814 W 22 ST</b> <b>PANAMA CITY, FL 32405</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PETERS, MICKEY</b> <b>4415 SOUTH HWY 71</b> <b>WEWAHITCHKA, FL 32465</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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.					
<b>SIGNATURE: <u>Ralph Bowdish</u>    <u>RALPH BOWDISH</u>    <u>10 JUL 11</u>    <u>850 769 1120</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					

**40110296**



07072008    Chg-P    CR2E034 (12/06)

4. FEI Number      Applied For  
**59-3182939**      Not Applicable

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