
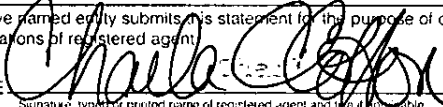
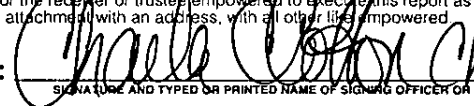


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 DEC 21 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000058543			
1. Entity Name PANHANDLE FIRE PROTECTION INC.			
Principal Place of Business 8804 DOROTHY FARRIS RD SOUTHPORT, FL 32409		Mailing Address 8804 DOROTHY FARRIS RD SOUTHPORT, FL 32409	
2. Principal Place of Business SAME		3. Mailing Address P O Box 1072	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Lynn Haven, FL	
Zip	Country	Zip	Country
32444	USA	32444	USA
6. Name and Address of Current Registered Agent THOMAS, CHRISTOPHER J 8804 DOROTHY FARRIS RD SOUTHPORT, FL 32409		7. Name and Address of New Registered Agent Name Charla C. Cotton Street Address (P.O. Box Number is Not Acceptable) 3913 Pisa Dr. Apt. M-2 City Panama City FL Zip Code 32405	
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: 		Charla C. Cotton/President 12/13/04	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, CHRISTOPHER J. 8804 DOROTHY FARRIS ROAD SOUTHPORT, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Charla C. Cotton 3913 Pisa Dr. Apt. M-2 Panama City, FL 32405 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THOMAS, TRACY A. 8804 DOROTHY FARRIS ROAD SOUTHPORT, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Richard Voivedich 210 Petunia Ave. Dothan, AL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THOMAS, CHRISTOPHER J. 8804 DOROTHY FARRIS ROAD SOUTHPORT, FL <input checked="" 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	S THOMAS, TRACY A. 8804 DOROTHY FARRIS ROAD SOUTHPORT, FL <input checked="" 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 lists empowered.			
SIGNATURE: 		Charla C. Cotton/President 12/13/04 850-265-3471	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	