


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000081470 1. Entity Name P & F, INC.	
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Principal Place of Business 3164 RED BUD LANE MARIANNA, FL 32446	Mailing Address 3164 RED BUD LANE MARIANNA, FL 32446
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04032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3216382	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PHILLABAUM, DONNA J
3164 RED BUD LANE
MARIANNA, FL 32446

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

000000109102

04/12/04-80030-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FRENTON, STEVEN A
STREET ADDRESS	3166 RED BUD LANE
CITY- ST- ZIP	MARIANNA, FL 32446
TITLE	D
NAME	FRENTON, BOBBIE J
STREET ADDRESS	3166 RED BUD LANE
CITY- ST- ZIP	MARIANNA, FL 32446
TITLE	D
NAME	PHILLABAUM, JERRY N
STREET ADDRESS	3164 RED BUD LANE
CITY- ST- ZIP	MARIANNA, FL 32446
TITLE	D
NAME	PHILLABAUM, DONNA J
STREET ADDRESS	3164 RED BUD LANE
CITY- ST- ZIP	MARIANNA, FL 32446
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 or without other like empowered.

SIGNATURE

Donna Phillabaum **DONNA PHILLABAUM** 4/9/04 850 482-8676

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #