## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P96000004696

1. Entity Name

PETTIBONE CONCRETE CONSTRUCTION, INC.



US

**FILED** Mar 13, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

1521 MAPLE AVE

PANAMA CITY, FL 32405

PO BOX 6555

PANAMA CITY, FL 32404



03122007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3362814

Applied For Not Applicable

5. Certificate of Status Desired

Ø

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRYANT, ROWLETT W 833 HARRISON AVENUE PANAMA CITY, FL 32401

## 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, 2007 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.			_	' <sub>□</sub>	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS					
NAME STREET ADDRESS CITY-ST-ZIP	PETTIBONE, KEVIN L 1521 MAPLE AVE. PANAMA CITY, FL 32405					H0000000001	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRAHAM, LINDA K 1007 MISSISSIPPI AVE LYNN HAVEN, FL 32444			00000665031 03/23/07-80008-010 158.75			
TITLE NAME STREET ADDRESS , CITY-ST-ZIP	S OWENS, LEIGH 4705 E. 6TH STREET PANAMA CITY, FL 32404			DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE			
TITLE NAME STREET ADDRESS							

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

graham LINDA GRAHAM (V)

3/12/07

(850)763 - 1881

Davtime Phone #