


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000026177  
 1. Entity Name  
 GOOD / BAD WITCH ?, INC.



Principal Place of Business  
 2117 E. 3RD ST.  
 PANAMA CITY, FL 32401

Mailing Address  
 2117 E. 3RD ST.  
 PANAMA CITY, FL 32401

**DO NOT WRITE IN THIS SPACE**



01032006 No Chg-P CR2E034 (11/05)

4. FEI Number  
 59-3368348

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

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent

HANLINE, KATHRYN L  
 2117 E. 3RD ST.  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

U00000382374  
 01/13/06-80023-004 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HANLINE, KATHRYN L 2117 E 3RD STREET PANAMA CITY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST GROOM, SHERRY 2117 E 3RD STREET PANAMA CITY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 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 changed or on an attachment with an address, with all other like empowered.

SIGNATURE: Sherry K. Groom 1-11-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ DATE \_\_\_\_\_ DATE-TIME PHONE # \_\_\_\_\_