

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 25, 2004 08:00 AM
Secretary of State**

DOCUMENT # P96000028287

1. Entity Name
FIVE PALS, INC.



Principal Place of Business
**1121 PIERSON DR
LYNN HAVEN, FL 32444**

Mailing Address
**1121 PIERSON DR
LYNN HAVEN, FL 32444**



01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3377619

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BASSETT, JEFFREY C
220 MCKENZIE AVE
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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U000000064828
02/25/04-80011-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WALTERS, LEON L SR
STREET ADDRESS	1121 PIERSON DR
CITY-ST-ZIP	LYNN HAVEN, FL 32444
TITLE	D
NAME	BLAND, LARSON M
STREET ADDRESS	2638 ISLAND VIEW DR
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	D
NAME	KENNON, J B
STREET ADDRESS	4511 VISTA LANE
CITY-ST-ZIP	LYNN HAVEN, FL 32444
TITLE	D
NAME	OWENS, FLOYD
STREET ADDRESS	710 MISSISSIPPI AVE
CITY-ST-ZIP	LYNN HAVEN, FL 32444
TITLE	D
NAME	BASSETT, JEFFREY C
STREET ADDRESS	2643 FEROL LN
CITY-ST-ZIP	LYNN HAVEN, FL
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 all other like empowered.

SIGNATURE: *Leon L Walters, Sr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-04 *850-265-5314*
Date Daytime Phone #