

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000028287

Entity Name: FIVE PALS, INC.

FILED  
Apr 14, 2009  
Secretary of State

## Current Principal Place of Business:

1121 PIERSON DR  
LYNN HAVEN, FL 32444

## New Principal Place of Business:

## Current Mailing Address:

1121 PIERSON DR  
LYNN HAVEN, FL 32444

## New Mailing Address:

FEI Number: 59-3377619

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BASSETT, JEFFREY C  
220 MCKENZIE AVE  
PANAMA CITY, FL 32401 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: WALTERS, LEON L SR  
Address: 1121 PIERSON DR  
City-St-Zip: LYNN HAVEN, FL 32444

Title: D ( ) Delete  
Name: BLAND, LARSON M  
Address: 2638 ISLAND VIEW DR  
City-St-Zip: PANAMA CITY, FL 32405

Title: D ( ) Delete  
Name: KENNON, J B  
Address: 4511 VISTA LANE  
City-St-Zip: LYNN HAVEN, FL 32444

Title: D ( ) Delete  
Name: OWENS, FLOYD  
Address: 710 MISSISSIPPI AVE  
City-St-Zip: LYNN HAVEN, FL 32444

Title: D ( ) Delete  
Name: BASSETT, JEFFREY C  
Address: 2643 FEROL LN  
City-St-Zip: LYNN HAVEN, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: KENNON, J B  
Address: 1411 BAKER COURT  
City-St-Zip: PANAMA CITY, FL 32401

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: BASSETT, JEFFREY C  
Address: 2643 FEROL LN  
City-St-Zip: LYNN HAVEN, FL 32444

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEON L. WALTERS, SR.

D

04/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date