


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 16, 2006 8:00 am**  
**Secretary of State**

06-20-2006 90012 008 \*\*\*150.00

<b>DOCUMENT # P97000052138</b>			
1. Entity Name <b>PENGEL, INC.</b>			
Principal Place of Business <b>P.O. BOX 13921 MEXICO BEACH, FL 32410</b> <i>THIGPEN EQUIP. SVCS</i>		Mailing Address <b>P.O. BOX 13921 MEXICO BEACH, FL 32410</b>	
2. Principal Place of Business <b>8173 W Highway 98</b> Suite, Apt. #, etc. <b>PORT ST JOE BEACH FL.</b>		3. Mailing Address <b>SAME</b> Suite, Apt. #, etc.	
City & State <b>32456</b> <b>GULF</b>		City & State <b>FL</b> <b>32456</b>	
4. FEI Number <b>63-1017240</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>THIGPEN, JAMES A 8173 WEST HIGHWAY 98 PORT ST. JOE BEACH, FL 32456</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 <i>James C. Thigpen</i> (NOTE: Registered Agent signature required when reappointing) DATE			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P THIGPEN, JAMES A 8173 W. HWY 98 PORT ST. JOE BEACH, FL 32456</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>James C. Thigpen</i>		Date Daytime Phone #	

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