***2004 FOR PROFIT CORPORATION ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000057659

1. Entity Name

PANHANDLE MOTION X-RAY, INC.



Principal Place of Business

Mailing Address

4439 JACKSON ST. MARIANNA, FL 32448 US

4439 JACKSON STREET MARIANNA, FL 32448

FILED Apr 15, 2004 08:00 AM Secretary of State



03102004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3457185

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BONTRAGER, DANIEL ELI 4439 JACKSON STREET MARIANNA, FL 32448

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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. typed or primed name of registered agent and title if applicable. (MOTE. Registered A				required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			olng 🖂	\$5.00 May Be Added to Fees	
10.	ÖFFIČERS AND DIREC	CTORS			<u> </u>
TITLE NAME STREET AOORESS CITY-ST-ZIP	PD BONTRAGER, DANIEL ELI 4439 JACKSON STREET MARIANNA, FL 32448				B00000444040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BONTRAGER, IMOGENE 4439 JACKSON STREET MARIANNA, FL 32448				U00000114643 04/15/04-80058-024 150.00
TITLE NAME STREET ADDRESS CSTY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE MAME STREET ADDRESS CITY-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(7). 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 reguired 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.					

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