2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

66009582

03012005   No Chg-P   CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For
59-3457185		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_____

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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BONTRAGER, DANIEL ELI
STREET ADDRESS	4439 JACKSON STREET
CITY-ST-ZIP	MARIANNA, FL 32448

TITLE	VPD
NAME	BONTRAGER, IMOGENE
STREET ADDRESS	4439 JACKSON STREET
CITY-ST-ZIP	MARIANNA, FL 32448

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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: *Imogene Bontrager* Imogene Bontrager VP + Administrator 850 526 4327 4·11·05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #