

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000075030

1. Entity Name

PANHANDLE FOOD SERVICE, INC.



Principal Place of Business

219 THREE POND ROAD
COTTONDALE, FL 32431

Mailing Address

P O BOX 97
CHIPLEY, FL 32428 US



03312006

No Chg-P

CR2E034 (11/05)

4. FEI Number

59-3468188

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LOTT, JAMES E
219 THREE POND ROAD
COTTONDALE, FL 32431

**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, 2006 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 LOTT, JAMES E
STREET ADDRESS 219 THREE POND ROAD
CITY-ST-ZIP COTTONDALE, FL 32431

TITLE SDT
NAME LOTT, OLLA G
STREET ADDRESS 219 THREE POND ROAD
CITY-ST-ZIP COTTONDALE, FL 32431

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CITY-ST-ZIP

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1106000488303
04/17/06 00001-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAMES LOTT

3-31-06

850 638 7863