


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000075074	
1. Entity Name PANHANDLE BEACON, INC.	

Principal Place of Business 209-211 REID AVENUE PORT ST JOE, FL 32456	Mailing Address P.O. BOX 706 PT ST JOE, FL 32457 US
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02042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3532412	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAMSEY, SHIRLEY C
209-211 REID AVE.
PORT ST JOE, FL 32456

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RAMSEY, SHIRLEY C
STREET ADDRESS	1004 MARVIN AVENUE
CITY-ST-ZIP	PORT ST JOE, FL 32456
TITLE	D
NAME	RAMSEY, WILLIAM H
STREET ADDRESS	1004 MARVIN AVENUE
CITY-ST-ZIP	PT ST JOE, FL 32456
TITLE	D
NAME	RAMSEY, ERIC B
STREET ADDRESS	524 7TH STREET
CITY-ST-ZIP	PT ST JOE, FL 32456
TITLE	D
NAME	RAMSEY, WILLIAM H JR
STREET ADDRESS	395 PLATATION DR.
CITY-ST-ZIP	PT ST JOE, FL 32456
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/09/04-80070-011 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Shirley Ramsey Shirley Ramsey 2-4-04 850-229-1228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #