

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # S93487

Entity Name
PANHANDLE SURF CORPORATION



Principal Place of Business
**7220 THOMAS DR
PANAMA CITY, FL 32408 US**

Mailing Address
**7220 THOMAS DR
PANAMA CITY, FL 32408 US**



01182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3099592	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent

**JOHNSON, JOHN A
7220 THOMAS DR
PANAMA CITY, FL 32408**

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IN THIS SPACE**

I, the above named entity, submit 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, 2006 Fee will be \$550.00**

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

OFFICERS AND DIRECTORS

P	JOHNSON, JOHN A 7220 THOMAS DR PANAMA CITY, FL 32408
ST	JOHNSON, MARY E 7220 THOMAS DR PANAMA CITY, FL 32408

000000397260
01/30/06-80041-009 150.00

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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: *Mary E. Johnson* **Mary E. Johnson** 1-20-06 856-235-2702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #