2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 284340

1. Entity Name

PENCE INVESTMENTS INC



FILED Apr 25, 2008 08:00 AN Secretary of State

Principal Place of Business

3160 DIXIE HWY NE PALM BAY, FL 32905 Mailing Address

3160 DIXIE HWY NE PALM BAY, FL 32905



04212008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-1053166

Applied For Not Applicable

\$8.75 Additional

5. Certificate of Status Desired

Fee Required

•	Name and Ad	deade of Courses	t Registered Agent
О.	Manie and Add	01 639 OI CUITOII	f wahistatan whatit

DO NOT WRITE IN THIS SPACE

PENCE, ROY J 3160 DIXIE HWY NE PALM BAY, FL 32905

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. 1 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, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.		cing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT PENCE, ROY J 3160 DIXIE HWY NE PALM BAY, FL 32905				U00000920705 05/14/08-80054-015 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDST PENCE, ALENE 7580 PINECREST AVE. MELBOURNE, FL		DO NOT WRITE IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PENCE, ROY J 7580 PINECREST AVE MELBOURNE, FL						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS							

12. Thereby 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR