

2006 FOR PROFIT CORPORATION ANNUAL REPORT


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Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90126 023 ***150.00

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02102006 Chg-P CR2E034 (11/05)

DOCUMENT # G03122 1. Entity Name PENCE LAND MATERIALS, INC.			
Principal Place of Business 3115 DIXIE HWY., NE PALM BAY, FL 32905 US		Mailing Address PO BOX 060087 PALM BAY, FL 32906-0087 US	
2. Principal Place of Business 3160 Dixie Hwy NE		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Palm Bay FL		City & State	
Zip 32905	Country	Zip	Country
4. FEI Number 59-2236032		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PENCE, ROY 3115 DIXIE HWY NE PALM BAY, FL 32905		7. Name and Address of New Registered Agent Name Pence, Roy Street Address (P.O. Box Number is Not Acceptable) 3160 Dixie Hwy NE City Palm Bay FL Zip Code 32905	
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: <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable.		<i>Roy Pence Pres</i> (NOTE: Registered Agent signature required when reinstating)	
DATE: 3/24/06			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PENCE, ROY J 3115 DIXIE HWY NE PALM BAY, FL 00000.	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PENCE, HERSCHEL 3115 DIXIE HWY NE PALM BAY, FL 00000.	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PENCE, ALENE 3115 DIXIE HWY NE PALM BAY, FL 00000.	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<i>Roy Pence</i> Date: 3/24/06 Daytime Phone #: (321)723-6107	