

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K97741

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: PENDLETON + BOWMAN, INC.

**Current Principal Place of Business:**

204 W RUSKIN PLACE  
SEASIDE, FL 324594877 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 4877  
SEASIDE, FL 324594877 US

**New Mailing Address:**

FEI Number: 59-2962723      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

PENDLETON, CAROLYN C  
204 W RUSKIN PLACE  
SEASIDE, FL 324594877 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: PENDLETON, CAROLYN C  
Address: 204 W RUSKIN PLACE  
City-St-Zip: SEASIDE, FL 324594877 US

Title: TD ( ) Delete  
Name: BOWMAN, VICTOR S  
Address: 204 W RUSKIN PLACE  
City-St-Zip: SEASIDE, FL 324594877 US

Title: D ( ) Delete  
Name: CHALK, JO ALICE  
Address: 309 PRISCILLA DRIVE  
City-St-Zip: FT. WALTON BEACH, FL 32458 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: CHALK, JO ALICE  
Address: 309 PRISCILLA DRIVE  
City-St-Zip: FT. WALTON BEACH, FL 32547 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLYN C. PENDLETON

PSD

04/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date