


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # 308949 1. Entity Name PENNEX, INC.	
--	---

Principal Place of Business 123 FAIRFIELD AVE JOHNSTOWN, FL 15901	Mailing Address 123 FAIRFIELD AVE JOHNSTOWN, FL 15901
---	---

DO NOT WRITE IN THIS SPACE



02102004 No Chg-P CR2E034 (10/03)

4. FEI Number 25-1876611	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

KURVIN, STEPHEN H ESQ.
7 SOUTH LIME AVENUE
SARASOTA, FL 34237

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000056256 02/19/04 08012 019 150.00
---	--	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SHILEY, STANLEY 123 FAIRFIELD AVE JOHNSTOWN, FL 15901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DRAGOVICH, ANN 123 FAIRFIELD AVE JOHNSTOWN, FL 15901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GRAHAM, MICHELLE R 305 FRANKLIN ST JOHNSTOWN, PA 15901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SZEWCZYK, LINDA J 305 FRANKLIN ST JOHNSTOWN, PA 15901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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)(i), 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: Stanley Shiley STANLEY SHILEY 2-5-04 814-5363219

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #