

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 329486

1. Entity Name
J.C. PENDRAY & SONS, INC.



Principal Place of Business
13950 N.E. 20TH ST
WILLISTON, FL 32696

Mailing Address
13950 N.E. 20TH ST
WILLISTON, FL 32696 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

02032005 Chg-P CR2E034 (10/03)

50028999



4. FEI Number
59-1213440

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PENDRAY, J.C.
13950 NE 20TH ST
WILLISTON, FL 32696

7. Name and Address of New Registered Agent
Name *Bonnie Jean Pendray*
Street Address (P.O. Box Number is Not Acceptable)
RT 2 Box 1950
City *13950 NE 20th ST*
Williston FL Zip Code *32696*

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 *Bonnie Jean Pendray*

(NOTE: Registered Agent signature required when reinstating)

DATE

- 3-8-05

FILE NOW!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. \$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	D PENDRAY, J.C. ROUTE 2 BOX 1950 WILLISTON, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENDRAY, ALFRED H. ROUTE 2 BOX 1950 WILLISTON, FL	<input type="checkbox"/> Delete	President / Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PENDRAY, BONNIE JEAN ROUTE 2 BOX 1950 WILLISTON, FL	<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
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 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: *Bonnie Jean Pendray*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- 3-8-05

Date

Daytime Phone #

1352-538-6122