

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

11/

FILED
Mar 05, 2007 8:00 am
Secretary of State

01-16-2007 90191 006 ***150.00

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1. Entity Name
PEMBERTON, INC.



Principal Place of Business
**103 HIGHLINE DRIVE
LONGWOOD, FL 32752 US**

Mailing Address
**P.O. BOX 521000
LONGWOOD, FL 32752 US**



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1236904

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PEMBERTON, TODD N.
103 HIGHLINE DRIVE
LONGWOOD, FL 32752**

**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

Todd N. Pemberton

Signature, typed or printed name of registered agent and date of appointment

(NOTE: Registered Agent signature required when resigning)

2/8/07

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PDT
NAME	PEMBERTON, TODD N
STREET ADDRESS	103 HIGHLINE DRIVE
CITY - ST - ZIP	LONGWOOD, FL 32752
TITLE	VS
NAME	PEMBERTON, W B
STREET ADDRESS	103 HIGHLINE DRIVE
CITY - ST - ZIP	LONGWOOD, FL 32752
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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 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:

Todd N. Pemberton

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

2/11/07

DATE

President

(Type Name)