ANNUAL REPORT

FILED **DOCUMENT # 454396** Jan 20, 2004 08:00 AM 1. Entity Name BROOKS E. PENDER, INC. **Secretary of State** Principal Place of Business Mailing Address **100 WINONA CIR 100 WINONA CIR** AUBURNDALE, FL 33823 AUBURNDALE, FL 33823 01072004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1547864 Not Applicable \$8.75 Additional 5. Certificate of Status Desired <u>daguningstyrgsmintismys</u>sumssmidstibbiddi Fee Required 6. Name and Address of Current Registered Agent TRENTELMAN, JOHN C DO NOT WRITE 207 N. MAGNOLIA AVE. OCALA, FL 34475 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. Signeture, types or printed name of a Stered agent and title if applicable. (NOTE, Registered Agent signature required when reinstation) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150,00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ST TITLE PENDER, LYNDA M MAME STREET ADDRESS 100 WINONA CIR CITY-ST-ZIP AUBURNDALE, FL 33823 TILE PENDER, BROOKS E NAME 01/20/04-90060-025 STREET ADDRESS 100 WINONA CIR AUBURNDALE, FL 33823 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY- ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE:

STAND TYPING THE PRINTING SIGNARD OF SIG

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

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