


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90052 021 \*\*\*150.00

**DOCUMENT # 608582**  
 1. Entity Name  
**ROUND PEN, INC.**



Principal Place of Business  
**21517 KEENE RD.  
 WIMAUMA FL 33598  
 US**

Mailing Address  
**21517 KEENE RD.  
 WIMAUMA FL 33598  
 US**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **59-1895206**  
 Applied For  
 Not Applicable

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



MOORE CR2E034 (11/03)

**6. Name and Address of Current Registered Agent**  
**FALVEY, ROBERT  
 21517 KEENE RD.  
 LITHIA FL 33547**

**7. Name and Address of New Registered Agent**  
 Name **03 31 04**  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **Wimauma** **FL** Zip Code **33598**

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 Robert Falvey (NOTE: Registered Agent signature required when reinstating) DATE 03/31/04

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	FALVEY, ROBERT	
STREET ADDRESS	21517 KEENE ROAD	
CITY-ST-ZIP	WIMAUMA FL 33598	
TITLE	DV	<input type="checkbox"/> Delete
NAME	FALVEY, JANET	
STREET ADDRESS	21517 KEENE ROAD	
CITY-ST-ZIP	WIMAUMA FL 33598	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Robert Falvey DATE 03/31/04  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #