

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 19, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F03000000761  
1. Entity Name  
PENN ACCEPTANCE CORPORATION



Principal Place of Business Mailing Address  
639 MAIN ST. P.O. BOX 68  
AVOCA, PA 18641 AVOCA, PA 18641



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number 14-1841628	Applied For Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  
  
C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	COBS STULTZ, JOHN 639 MAIN ST. AVOCA, PA 18641
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LIMONGELLI, JOSEPH 639 MAIN ST. AVOCA, PA 18641
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT LIMONGELLI, DANIEL 639 MAIN ST. AVOCA, PA 18641
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEFRANCESCO, SALVATORE 639 MAIN ST. AVOCA, PA 18641
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)(f), 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: [Signature] 1/13/05 570-414-7777  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #