

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F03000004004

1. Entity Name
PELLMAN ENTERPRISES, INC.



Principal Place of Business
9017 PROVINCE STREET
SARASOTA, FL 34240

Mailing Address
9017 PROVINCE STREET
SARASOTA, FL 34240

FILED
Jan 12, 2004 08:00 AM
Secretary of State



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1414840	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PELLMAN, RONALD C
9017 PROVINCE STREET
SARASOTA, FL 34240

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PELLMAN, RONALD C
STREET ADDRESS	9017 PROVINCE STREET
CITY - ST - ZIP	SARASOTA, FL 34240
TITLE	S
NAME	PELLMAN, SCOTT D
STREET ADDRESS	125 BREAKNECK HILL RD.
CITY - ST - ZIP	MIDDLEBURY, CT 06762
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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01/12/04-80098-024 150.00

**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)(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: R. C. PELLMAN 1-8-04 (941) 377-8999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #