

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90197 007 ***150.00

DOCUMENT # F03112

1. Entity Name
PENN-MAR, INC.



Principal Place of Business
6711 26TH COURT EAST
SARASOTA, FL 34243

Mailing Address
PO BOX 606
ONECO, FL 34264 US

40081470



02262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2097242

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHRUM, EDWARD E
2432 LANDINGS CIRCLE
BRADENTON, FL 34209

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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, 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 PD
NAME SHRUM, EARL E
STREET ADDRESS 2432 LANDINGS CIRCLE
CITY-ST-ZIP BRADENTON, FL 34209

TITLE ST
NAME GRAY, EDWIN W
STREET ADDRESS 6711 26TH CT E
CITY-ST-ZIP SARASOTA, FL 34243

TITLE VP
NAME SHRUM, PENELOPE L
STREET ADDRESS 6711 26TH CT E
CITY-ST-ZIP SARASOTA, FL 34243

TITLE VP
NAME HEATHER A. SHRUM-KORTZENDORF
STREET ADDRESS 6711 26th Court E.
CITY-ST-ZIP Sarasota, FL 34243

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #