2004 FOR PROFIT CORPORATION

Feb 27, 2004 8:00 am **Secretary of State ANNUAL REPORT DOCUMENT # F64395** 02-27-2004 90026 007 ***150.00 1. Entity Name JOSEPH J. PENSY, P.A. Principal Place of Business Mailing Address 94021394 612 ALBERTSON PL 612 ALBERTSON PL ORLANDO, FL 32806 ORLANDO, FL 32806 US 01122004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2164156 Not Applicable \$8.75 Additional 5. Certificate of Status Desired . 6. Name and Address of Current Registered Agent FOSTER, TOMPKINS A. 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) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS 10. TITI F PENSY, JOSEPH JOHN NAME STREET ADDRESS 612 ALBERTSON PL CITY-ST-ZIP ORLANDO, FL 32806 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 attachme

SIGNATURE:

NAME STREET ADDRESS CITY-ST-7IP

FILED