

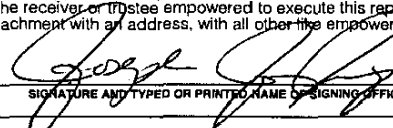


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90551 046 ***150.00

DOCUMENT # F64395 1. Entity Name JOSEPH J. PENSY, P.A.																																																																													
Principal Place of Business 612 ALBERTSON PL ORLANDO, FL 32806 US			Mailing Address 612 ALBERTSON PL ORLANDO, FL 32806 US																																																																										
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 03112005 Chg-P CR2E034 (10/03)																																																																									
City & State		City & State																																																																											
Zip	Country	Zip	Country																																																																										
4. FEI Number 59-2164156		Applied For <input type="checkbox"/> Not Applicable																																																																											
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent FOSTER, TOMPKINS A 100 E PINE ST. STE. 302 ORLANDO, FL 32801																																																																									
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____																																																																													
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PD</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PENSY, JOSEPH JOHN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>612 ALBERTSON PL</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO, FL 32806</td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"> </td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"> </td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"> </td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"> </td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"> </td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> </table>		TITLE	PD	<input type="checkbox"/> Delete	NAME	PENSY, JOSEPH JOHN		STREET ADDRESS	612 ALBERTSON PL		CITY-ST-ZIP	ORLANDO, FL 32806		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			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete																																																																											
NAME	PENSY, JOSEPH JOHN																																																																												
STREET ADDRESS	612 ALBERTSON PL																																																																												
CITY-ST-ZIP	ORLANDO, FL 32806																																																																												
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																																																																													
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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"> </td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"> </td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"> </td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"> </td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"> </td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> </table>		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			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																																																																													
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 the empowered.																																																																													
SIGNATURE: 		4/5/05		Date _____ Daytime Phone # _____																																																																									