


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90193 009 ***150.00

DOCUMENT # F66566 1. Entity Name PENDER COMMERCIAL SERVICES, INC.																																																																																																																													
Principal Place of Business 1741-1 HAMILTON ST JACKSONVILLE, FL 32210			Mailing Address 1741-1 HAMILTON ST JACKSONVILLE, FL 32210																																																																																																																										
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																																																											
City & State		City & State		04252005 Chg-P CR2E034 (10/03)																																																																																																																									
Zip		Country		4. FEI Number 58-1311011																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																																																																																											
6. Name and Address of Current Registered Agent HOLBROOK, H. LEON 2301 INDEPENDENT SQUARE JACKSONVILLE, FL 32202				7. Name and Address of New Registered Agent Name: Kathleen H. Cold Street Address (P.O. Box Number is Not Acceptable): One Independent Dr #2301 City: Jacksonville FL Zip Code: 32202																																																																																																																									
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: Kathleen H. Cold DATE: 4/26/05 <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																																																																																																																										
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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: [Signature] DATE: 4/25/05 DAYTIME PHONE #: 904-384-9549 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																													