

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # F94000005780</b>	
1. Entity Name <b>HOWARD W. PENCE, INC.</b>	
Principal Place of Business <b>4031 HWY 31 W.N. ELIZABETHTOWN, KY 42701</b>	Mailing Address <b>P.O. BOX 2005 ELIZABETHTOWN, KY 42702</b>



01032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>61-0706491</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**CORPORATION INFORMATION SERVICES  
1201 HAYS ST.  
TALLAHASSEE, FL 32301**

**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)

**U000000857121**  
**03/14/07-80053-025 150.00**

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	P
NAME	PENCE, HOWARD W
STREET ADDRESS	505 PEAR ORCHARD ROAD, NW
CITY-ST-ZIP	ELIZABETHTOWN, KY 42701
TITLE	V
NAME	PENCE, MIKE
STREET ADDRESS	405 ROSE BUD DR.
CITY-ST-ZIP	ELIZABETHTOWN, KY 42701
TITLE	V
NAME	PENCE, DAVID
STREET ADDRESS	1064 WEST BRYANT ROAD
CITY-ST-ZIP	ELIZABETHTOWN, KY 42701
TITLE	TS
NAME	PENCE, PATSY
STREET ADDRESS	405 RED BUD DR.
CITY-ST-ZIP	ELIZABETHTOWN, KY 42701
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Howard W. Pence, President*

**3/1/07 (270)737-8723**