

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # F98000005774

1. Entity Name
STANLEY PENN & SONS, INC.



Principal Place of Business
**97 SW 3RD AVE
DANIA, FL 33004**

Mailing Address
**170 CRANBURY NECK ROAD
CRANBURY, NJ 08512**



01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3606861

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ANDERSON, TED
97 SW 3RD AVE
DANIA, FL 33004**

**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 Ted Anderson **TED ANDERSON** WHS. MANAGER 1/5/04
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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**U00000088184
03/15/04-80041-020 150.00**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **DESANDRE, HENRY**
STREET ADDRESS **79 HOLLYNOLL DRIVE**
CITY - ST - ZIP **MERCERVILLE, NJ 08619**

TITLE **S**
NAME **DESANDRE, JOSEPH JR**
STREET ADDRESS **222 CHAMBERLAIN AVE.**
CITY - ST - ZIP **HIGHTSTOWN, NJ 08520**

TITLE **T**
NAME **DESANDRE, JOSEPH**
STREET ADDRESS **93 CRANBURY NECK ROAD**
CITY - ST - ZIP **CRANBURY, NJ 08512**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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 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: Henry Desandre
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/1/04 (609) 799-6300
Date Signature Phone #