## 2004 FOR PROFIT CORPORATION

## Feb 04, 2004 8:00 am ANNUAL REPORT 🧀 **Secretary of State** DOCUMENT # F99000006095 02-04-2004 90069 034 \*\*\*150.00 CENTRAL PENN ENERGY COMPANY, INC. Principal Place of Business Mailing Address 24007617 P.O. BOX 26765 P.O. BOX 26765 RICHMOND, VA 23261 RICHMOND, VA 23261 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01222004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 25-1478196 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) **526 EAST PARK AVENUE** TALLAHASSEE, FL 32301 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. AS TITLE Channe C Addition TITLE ☐ Delete PALMER, LARRY E NAME **4 NORTH FOURTH STREET** STREET ADDRESS STREET ADDRESS CiTY-ST-7IP RICHMOND, VA 23219 CITY-ST-ZIP President & Director XX Delete X Change TITLE Addition TITLE SUBOLESKI, STANLEY James L. Gardner NAME NAME 4 NORTH 4TH STREET STREET ADDRESS STREET ADDRESS 4 North 4th Street CITY-ST-ZIP CITY-ST-7IP RICHMOND, VA 23219 Richmond, VA 23219 XX Change ☐ Addition TITLE XX Delete TITLE Secretary STRUGILL, BARKLEY J NAME Kymberly T. Wellons 4 NORTH 4TH STREET STREET ADDRESS STREET ADDRESS P.O. Box 1951 RICHMOND, VA 23219 CITY-ST-ZIP CITY-ST-ZIP CHarleston, WV 25327 TITLE ☐ Delete ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE Addition THLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 20 01/22/04

804-788-1800

**FILED**