

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # G03122**

1. Entity Name  
**PENCE LAND MATERIALS, INC.**



**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90317 015 \*\*\*150.00

Principal Place of Business

**3115 DIXIE HWY., NE.  
PALM BAY, FL 32905 US**

Mailing Address

**PO BOX 060087  
PALM BAY, FL 32906-0087 US**

60003430



02172005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2236032**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**PENCE, ROY  
3115 DIXIE HWY NE  
PALM BAY, FL 32905**

**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)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	PENCE, ROY J
STREET ADDRESS	3115 DIXIE HWY NE
CITY-ST-ZIP	PALM BAY, FL 00000,
TITLE	DVP
NAME	PENCE, HERSCHEL
STREET ADDRESS	3115 DIXIE HWY NE
CITY-ST-ZIP	PALM BAY, FL 00000,
TITLE	DST
NAME	PENCE, ALENE
STREET ADDRESS	3115 DIXIE HWY NE
CITY-ST-ZIP	PALM BAY, FL 00000,
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/05

Date

321 2236107

Daytime Phone #