2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 28, 2006 8:00 am Secretary of State DOCUMENT # G03122 03-28-2006 90126 023 ***150.00 PENCE LAND MATERIALS, INC. Principal Place of Business Mailing Address 20021804 3115 DIXIE HWY., NE. PO BOX 060087 PALM BAY, FL 32905 PALM BAY, FL 32906-0087 US 2. Principal Place of Business 3160 Dixie Hwy NE 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02102006 CR2E034 (11/05) City & State 4. FEI Number ^ci⊅álmatay FL Applied For 59-2236032 Not Applicable ^{Zip} 32<u>905</u> Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Pence, Roy PENCE, ROY Street Address (P.O. Box Number is Not Acceptable) 3115 DIXIE HWY NE PALM BAY, FL 32905 3160 Dixie Hwy NE ^{෭෦}෪ඁ2෯5 Palm Bay 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 orgiste SIGNATURE A 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE ☐ Addition PENCE, ROY J NAME NAME Pence, Roy J. 3115 DIXIE HWY NE STREET ADDRESS STREET ADDRESS 3160 Dixie Hwy NE CITY-ST-ZIP PALM BAY, FL CITY-ST-ZIP Palm Bay FL 32905 ☐ Delete ☐ Addition PENCE, HERSCHEL Pence, Herschel NAME 3160 Dixie Hwy NE STREET ADDRESS 3115 DIXIE HWY NE STREET ADDRESS Palm Bay FL 32905 CITY-ST-ZIP PALM BAY, FL CITY-ST-ZIP Delete TITLE Change ☐ Addition PENCE, ALENE Pence, Alene NAME STREET ADDRESS 3115 DIXIE HWY NE STREET ADDRESS 3160 Dixie Hwy NE CITY-ST-ZIP PALM BAY, FL 00000. CITY-ST-ZIP Palm Bay FL 32905 TITLE ☐ Delete TITI F Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-26P TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplientental 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 emissive ed 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: X

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