

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90161 032 ***150.00

DOCUMENT # H46047

1. Entity Name

PEN MORTGAGE COMPANY



Principal Place of Business

2701 WEST BUSCH BLVD.
#113
TAMPA FL 33618
US

Mailing Address

P.O. BOX 273126
TAMPA FL 33688-3126



2. Principal Place of Business - No P.O. Box #

10106 Woodsong Way

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

Tampa FL

City & State

Zip Country

33618 X11360404

4. FEI Number

59-2503931

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BORREGO, HENRY W.
2701 W BUSCH BLVD
SUITE 113
TAMPA FL 33618

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME BORREGO, HENRY W.
STREET ADDRESS 10106 WOODSONG WAY
CITY-ST-ZIP TAMPA FL

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 #

04/14/08 813-932-5576