

2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

05 APR 19 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H91384

1. Entity Name
JOHNNY & PENNY, INC.



Principal Place of Business

% JOHNNY PETRANDIS
4178 APALACHEE PKWY
TALLAHASSEE, FL 32311

Mailing Address

% JOHNNY PETRANDIS
4178 APALACHEE PKWY
TALLAHASSEE, FL 32311

DO NOT WRITE IN THIS SPACE



04122005 No Chg-P CR2E034 (10/03)

MRS

4. FEI Number
59-2614273

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PETRANDIS, JOHNNY
4178 APALACHEE PKWY
TALLAHASSEE, FL 32311

**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

300054033053
05/09/05--01005--010 **150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PETRANDIS, JOHNNY
STREET ADDRESS	4178 APALACHEE PKWY.
CITY-STATE-ZIP	TALLAHASSEE, FL 32311
TITLE	DV
NAME	PETRANDIS, PENNY
STREET ADDRESS	4178 APALACHEE PKWY
CITY-STATE-ZIP	TALLAHASSEE, FL 32311
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-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 an officer line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-05

Date

656-2777

Daytime Phone #