


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

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| DOCUMENT # J76416 1. Entity Name PENN FLORIDA CAPITAL CORP. |  |
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| Principal Place of Business 1515 N. FEDERAL HWY STE. #306 BOCA RATON, FL 33432 US | Mailing Address 1515 N. FEDERAL HWY STE. #306 BOCA RATON, FL 33432 US |
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02152008 No Chg-P CR2E034 (11/05)

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|---|---------------------------------------|
| 4. FEI Number 59-2831283 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

GENSHEIMER, MARK A
1515 N FEDERAL HWY
SUITE 306
BOCA RATON, FL 33432

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 _____

| | | |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000938804 05/28/08-80001-020 150.00 |
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10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPS GENSHEIMER, MARK A 1862 THATCH PALM DRIVE BOCA RATON, FL |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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
Mark A. Gensheimer
President

Date _____ Daytime Phone # _____