


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 01, 2007 08:00**  
**Secretary of Stat**

**DOCUMENT # L91006**  
1. Entity Name  
**JOHN PENN CORPORATION**



Principal Place of Business      Mailing Address  
1201 SW 17TH ST.      1201 SW 17TH ST.  
OCALA, FL 34474 US      Ocala, FL 34474 US

**DO NOT WRITE IN THIS SPACE**

02272007      No Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
**59-3027729**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
  
PENN, JOHN  
1201 SW 17TH ST.  
OCALA, FL 34474  
JOHN

**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.  
1201 SW 17  
OCALA, FL 34474  
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PENN, JOHN B
STREET ADDRESS	1201 SW 17TH ST.
CITY-ST-ZIP	OCALA, FL 34474
TITLE	VP
NAME	STEWART, CRAIG L
STREET ADDRESS	1201 SW 17TH ST
CITY-ST-ZIP	OCALA, FL 34474
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000651715  
03/09/07-80018-018 150.00

**DO NOT WRITE IN THIS SPACE**

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:** \_\_\_\_\_      Date: **352-351-3420**      Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR