2003 FOR PROFIT CORPORATION

FILED Apr 14, 2003 8:00 am § Secretary of State **UNIFORM BUSINESS REPORT (UBR)** M90844 DOCUMENT # 1. Entity Name 04-14-2003 90405 013 ***150.00 PENAN DEVELOPMENT CORP. Principal Place of Business Mailing Address 900 GREENSWARD C/O STAHL & ASSOC. APT-G201 138 N. SWINTON AVE. **DELRAY BEACH FL 33445 DELRAY BEACH FL 33444** 3. Mailing_Address CO PENNEY 2. Principal Place of Business 900 GREENSWARD Suite, Apt. #, etc Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For City & State 65-0078526 Not Applicable 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 FREDERICK GRANT STAHL, JAMES F Street Address (P.O. Box Number is Not Acceptable) 138 NORTH SWINTON AVENUE **DELRAY BEACH FL 33444** LINTON City exatement 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 above named entity submits this. the obligations of registered ag GRANT FREDERICK SIGNATURE (NOTE: Registered Agent signature required when reinstating) printed name of registered agent and title if applicable FILE NÓW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ☐ Addition TITLE □ Defete TITLE PENNEY, PHYLLIS NAME NAME 900 GREENSWARD APTG-201 STREET ADDRESS STREET ADDRESS **DELRAY BEACH FL 33445** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE **CPD** ☐ Delete TITLE Change NAME PENNY, DONALD C NAME STREET ADDRESS STREET ADDRESS 900 GREENSWARD APTG-201 CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL 33445 TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

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 true and 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

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP TITLE

PENNEY

☐ Delete

☐ Delete

10 april 2003 561.498.84/2

Change

☐ Change

☐ Addition

☐ Addition