

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90077 009 \*\*\*150.00

DOCUMENT # P00000032516

1. Entity Name

PENET LAND CORPORATION



Principal Place of Business

4615 GULF BLVD  
104-145  
SAINT PETERSBURG FL 33706

Mailing Address

4615 GULF BLVD  
104-145  
SAINT PETERSBURG FL 33706

2. Principal Place of Business

7217 GULF BLVD

Suite, Apt. #, etc.

# 14-146

City & State  
ST. PETE BEACH FL

Zip  
33706

Country  
PINELLAS

3. Mailing Address

7217 GULF BLVD

Suite, Apt. #, etc.

# 14-146

City & State  
ST PETE BEACH FL

Zip  
33706

Country  
PINELLAS

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-3652200

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PENESDORFER, ROLAND  
4615 GULF BLVD  
104-145  
SAINT PETERSBURG FL 33706

7. Name and Address of New Registered Agent

Name PENESDORFER ROLAND

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

7217 GULF BLVD

# 14-146

City ST PETE BEACH

FL

Zip Code 33706

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 *Roland Penesdorfer* ROLAND PENESDORFER

2.12.06

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, 2006 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

TITLE D ☒ Delete  
NAME PENESDORFER, ROLAND  
STREET ADDRESS 4615 GULF BLVD 104-145  
CITY-ST-ZIP SAINT PETERSBURG FL 33706

TITLE D ☐ Delete  
NAME PENESDORFER, ROLAND  
STREET ADDRESS 7217 GULF BLVD #14-146  
CITY-ST-ZIP ST PETE BEACH FL 33706

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Roland Penesdorfer* ROLAND PENESDORFER 2-12-06 727 360 4098

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #