

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000065742

1. Entity Name
PENCO DEMOLITION AND ABATEMENT CO., INC.



Principal Place of Business
1730 SOUTH BUMBY AVENUE
ORLANDO, FL 32806

Mailing Address
2030 ROYAL LANE
DALLAS, TX 75229



04272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3658155

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CALVERT, JOHN M
1730 SOUTH BUMBY AVENUE
ORLANDO, FL 32806

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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

U000000344657
04/30/05-80004-013 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RENNEKER, CHARLES N
4407 BEE CAVES RD. STE 320
AUSTIN, TX 78746

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RENNEKER, ROBERT L
4407 BEE CAVES RD. STE 320
AUSTIN, TX 78746

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CALVERT, JOHN M
1730 S. BUMBY AVENUE
ORLANDO, FL 32806

TITLE
NAME
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CITY-ST-ZIP

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TITLE
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CITY-ST-ZIP

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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)(f), 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

4/28/05

Date

407.420.1777

Daytime Phone #