2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 02, 2008 8:00 am Secretary of State

ANNOAL REPORT					_ \	Secretary of State			
DOCUMENT # P00000096001					06-02-2008 90001 034 ***150.00				
1. Entity Name					3	00 02 2000 2			
	RPENTRY, INC.		1		DRE				
					7				
				COD WE TO					
Principal Plac	ce of Business	Mailing Address			401 06	445			
	RYINGWIND DR. 16006 CRYINGWIND DR.				1.0	••			
TAMPA, FL	A, FL 33624-6816 TAMPA, FL 33624-6816				•	•			
						1 8 6 HI 23 HI 8 6 MI 6 6 MI 18 E	III BBIIB IBIIB BIIIL BBIII BALA: II	ERESKALITEK	
2. Principal Place of Business - No P.O. Box # 3. Mailing Address				 · · · · · · · · · · · · · · · · · ·	-				
	1603 S. HWY 39				i i fæmenman in	I BBIII BANI BBUI BBIN BB	ile matia tasta Abits dalili daliki il	8188t 31 1881	
Suite, Apt.	Suite, Apt. 4, etc.				02252008	Chg-P	CR2E034 (12/06)		
	<u></u>								
City & Stat	FL FL	City & State			4. FEI Numb			oplied For	
Zio.	Country	Zip	Countr		59-367	3831		ot Applicable	
335Y	Country USA	Ζίμ	Courting	у	Certificate	of Status Desired	□ \$8.75 Ad Fee Require		
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R			
				Name					
BURNWORTH, CHARLES S				Carla Sheppard					
16006 CRYINGWIND DR.				Street, Address (P.O. Box Number is Not Acceptable)					
TAMPA, FL 33624-6816				7000	·	7			
	•		-		•				
				City Lithia FL Zing では					
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. Lam familiar with, and								and accept	
the obligations of registered agent.									
SIGNATURE Charles of Own 15/9/08									
0,0,1,1,0,1,0,1	Signature, typed or printed name of registured agent a	and title if applicable (NOTE	Registered A	Agrant signature rerjui	red when reinstating)		DATE		
FIL	E NOW!!! FEE IS \$150.00	9. Election Campaig Trust Fund Contri	•	· — •	5.00 May Be				
AILEI III	ay 1, 2008 Fee will be \$550.0	,,,		_ ^"					
10.	OFFICERS AND		11.		ADDITIONS	CHANGES TO OFF	ICERS AND DIRECTOR	S (N 11	
TIALE	P PURNISHED THE CHARLES	Delete	TITLE				☐ Change	Addition Addition	
NAME STREET ADDRESS	BURNWORTH, CHARLES S 16006 CRYINGWIND DR.		NAME	ADDRESS					
CITY-ST-ZIP	TAMPA, FL 336246816**		CITY-S						
TITLE	VP	Delete	TITLE		75		Change	Addition	
MAME	SHEPPARD, CARLA R	C. Delete	NAME	Sh	eppard,	Carla R.	LM Change	Addition	
STREET ADDRESS	16037 S HY 39	\ .		ADDRESS 6	037 S'H	+y 39			
CITY-ST-ZIP	LITH:A, FL 33547	•	CITY-S	II-ZIP	thia, Fi	L 33547			
TITLE		☐ Delete	TITLE		·		☐ Change	Add.tion	
NAME _	í		NAME						
STREET ADDRESS				ADDRESS	EV PUR Lor	eena Scha	eter		
CITY-ST-ZIP			ÇITY-S	T-ZIP	Tare : Com	mission # DD4	22360		
TITLE		☐ Delete	THLC	(3)	Expi	res August 26, by Fain - Insurance, Inc. 8	.2009 Change	☐ Addition	
NAME ST REFADDRESS			NAME						
+ST-ZIP			CITY-S	ADDRESS 1.7IP	-ma h	before ,	no Mis		
					Do W. J.	- Site C	ne this change	- Addison	
fl. IAME		Deleie	TITLE	13	rday of	C May 6	2008, Librarily	☐ Addition	
ITREET ADDRESS				ADDRESS	_ 0	O			
CITY-ST-ZIP			CITY-S			^			
TITLE		☐ Delete	TITLE	- J	MOONA	School	☐ Change	Addition	
NAME			NAME	0	1		7,77		
STREET ADDRESS				ADDRESS	,				
CITY-ST-ZIP			CITY-S	1-ZIP					
	certify that the information supplied with	this filling does not qualify for	the ever	antione contain	ed in Chapter 119	Florida Statutes I	further certify that the ii	oformation .	

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 diccordinate 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

Carla Sheppard Carla Sheppard

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