

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

1 of 2

8/23/2004-90025-025-\$150.00-\$150.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E034 (4/04)

DOCUMENT # P01000005622 1. Entity Name PENBRUSH HOUSE OF CREATIVE ARTS AND MUSIC, INC.					
Principal Place of Business 201 SW 8TH ST. CAPE CORAL FL 33991			Mailing Address 201 SW 8TH ST. CAPE CORAL FL 33991		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1071856 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LOMBARDO, CARMINE D. 201 SW 8TH ST. CAPE CORAL FL 33991			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LOMBARDO, CARMINE	NAME			
STREET ADDRESS	201 SW 8TH ST.	STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL 33991	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LOMBARDO, DORAYNE	NAME			
STREET ADDRESS	201 SW 8TH ST.	STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL 33991	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. 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 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: <u>Carmine D. Lombardo</u> <u>Carmine D. Lombardo</u> <u>8-19-04</u> <u>339-772-8367</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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Penbrush
House Of Creative Arts & Music, Inc.

201 S.W. 8th Street, Cape Coral, Fl 33991 -- Tel: 239-772-8367

Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314
Att: - Annual Reports Section

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

Dear Sirs:

Please be advised that we did not receive the notice to pay for our annual file fee until recently. There was no neglect on our part to fulfill this obligation.

We request, please, to waiver the \$400.00 balance for filing our corporation.

Thank you.

Respectfully,

Carmin Lombardo
Carmin Lombardo, President