



2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

8/20/

FILED
Sep 27, 2004 8:00 am
Secretary of State

08-20-2004 90007 032 ***550.00

DOCUMENT # P01000019609 1. Entity Name PENDLETON LAW, P.A.					
Principal Place of Business 6027 SOUTH SUNCOAST BLVD HOMOSASSA FL 34446				Mailing Address 6027 SOUTH SUNCOAST BLVD HOMOSASSA FL 34446	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 MOORE CR2E034 (4/04)	
City & State Zip Country		City & State Zip Country		4. FEI Number 59-8704738 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent PENDLETON, WENDELL 34 PINE STREET HOMOSASSA FL 34446	
7. Name and Address of New Registered Agent Name <u>Wendell Pendleton</u> Street Address (P.O. Box Number is Not Acceptable) <u>6027 South Suncoast Blvd</u> City <u>HOMOSASSA</u> FL Zip Code <u>34446</u>				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 <u>Wendell Pendleton</u> <u>President & Director</u> <u>9/29/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</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 \$5.00 May Be Added to Fees <input type="checkbox"/> Trust Fund Contribution.	
10. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	
	<u>D President</u>				
	<u>PENDLETON, WENDELL</u>				
	<u>34 PINE STREET</u>				
	<u>HOMOSASSA FL 34446</u>				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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>Wendell Pendleton</u> <u>9/29/04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					