

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90259 014 \*\*\*155.00

**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**

**20040738**

2. Principal Place of Business  
**CITRUS COUNTY, Florida**

3. Mailing Address  
**6027 South Suncoast Blvd.**



04132005 Chg-P CR2E034 (10/03)

City & State  
**HOMOSASSA, FL**

City & State  
**HOMOSASSA, Florida**

Zip  
**34446**

Zip  
**34446**

Country  
**CITRUS**

Country  
**CITRUS**

4. FEI Number  
**59-8704738**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**PENDLETON, WENDELL  
6027 SOUTH SUNCOAST BLVD  
HOMOSASSA, FL 34446**

7. Name and Address of New Registered Agent

Name  
**N/A (Same)**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) 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**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PENDLETON, WENDELL 6027 SOUTH SUNCOAST BLVD HOMOSASSA, FL 34446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Wendell Pendleton** **4/19/05 352 628-1204**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #