

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000038223

1. Entity Name

PENRAY HORSESHOEING, INC.



Principal Place of Business

13653 NE 20TH ST.
WILLISTON, FL 32696

Mailing Address

13653 NE 20TH ST.
WILLISTON, FL 32696

DO NOT WRITE IN THIS SPACE



07212004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3714005

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PENDRAY, ALFRED H
13653 NE 20TH ST.
WILLISTON, FL 32696

**DO NOT WRITE
IN THIS SPACE**

B. 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
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D
NAME PENDRAY, ALFRED H
STREET ADDRESS 13653 NE 20TH ST.
CITY-ST-ZIP WILLISTON, FL 32696

TITLE VP
NAME PENDRAY, BRAIN
STREET ADDRESS 13950 NE 20TH ST
CITY-ST-ZIP WILLISTON, FL 32696

TITLE S/T
NAME PENDRAY, BONNIE J
STREET ADDRESS 13950 NE 20TH ST
CITY-ST-ZIP WILLISTON, FL 32696

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000168574
07/28/04-80001-019 150.00

**DO NOT WRITE
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)(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: *BONNIE J. PENDRAY*
Bonnie J. Pendray

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-26-04 352-528-6122

Date

Daytime Phone #