2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000038223

1. Entity Name
PENRAY HORSESHOEING, INC

Principal Place of Business	Mailing Address
13653 NE 20TH ST. WILLISTON, FL 32696	13653 NE 20TH ST. WILLISTON, FL 32696

07132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS $550.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

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	

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07/18/06-60017-013 550.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 7-17-06 352 528-6122
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #