

Jul 9, 2007 11:33AM

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2007 8:00 am
Secretary of State

07-13-2007 90087 013 ***150.00

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
State, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3714065	
Zip		Country		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			7. Name and Address of New Registered Agent 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 _____ (Signature typed or printed name of registered agent and title is acceptable) (Initials Registered Agent signature required when renewing)					
FILE NOW!! FEE IS \$150.00 Due by September 14, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	D PENDRAY, ALFRED H 13653 NE 20TH ST. WILLISTON, FL 32696	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PENDRAY, BRAIN 13960 NE 20TH ST WILLISTON, FL 32696	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T PENDRAY, BONNIE J 13960 NE 20TH ST WILLISTON, FL 32696	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
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: <i>Alfred H. Pendray</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				7-11-07 352-528-0124 DATE	