

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90040 050 ***150.00

DOCUMENT # P01000084446

1. Entity Name
PENNACHIO AGENCY, INC.



Principal Place of Business
**500 S. FLORIDA AVE., STE. 400
LAKELAND, FL 33801**

Mailing Address
**500 S. FLORIDA AVE., STE. 400
LAKELAND, FL 33801**

50027401



2. Principal Place of Business
4740 CLEVELAND HTS BV

3. Mailing Address
4740 CLEVELAND HTS BV

Suite, Apt. #, etc.
#5

Suite, Apt. #, etc.
#5

03112005 Chg-P CR2E034 (10/03)

City & State
LAKELAND, FL

City & State
LAKELAND, FL

4. FEI Number
59-3740483

Applied For
Not Applicable

Zip Country
33813 USA

Zip Country
33813 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PENNACHIO, JOHN J
500 S. FLORIDA AVE., STE. 400
LAKELAND, FL 33801**

Name
JOHN J. PENNACHIO

Street Address (P.O. Box Number is Not Acceptable)
4740 CLEVELAND HTS BV

#5

City State Zip Code
LAKELAND FL 33813

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 *John J. Pennachio* **JOHN J. PENNACHIO** **3-11-05**
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
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 PD
NAME PENNACHIO, JOHN J ☐ Delete
STREET ADDRESS 500 S FLORIDA AVE, 4 FLOOR
CITY-ST-ZIP LAKELAND, FL 33801

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME LASSITER, H EDWARD ☐ Delete
STREET ADDRESS 500 S FLORIDA AVE, 4 FLOOR
CITY-ST-ZIP LAKELAND, FL 33801

TITLE **T S** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME PITTERMAN, BARRY M ☒ Delete
STREET ADDRESS 500 S FLORIDA AVE, 4 FLOOR
CITY-ST-ZIP LAKELAND, FL 33801

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *H. E. Lassiter*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-05 **863-286-4484**
Date Daytime Phone #