

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90233 005 ***150.00

DOCUMENT # P01000084446 1. Entity Name PENNACHIO AGENCY, INC.					
Principal Place of Business 4740 CLEVELAND HTS. BV #5 LAKELAND, FL 33813 US			Mailing Address 4740 CLEVELAND HTS. BV #5 LAKELAND, FL 33813 US		
2. Principal Place of Business 2000 E EDGEWOOD DR Suite, Apt. #, etc. STE 109		3. Mailing Address P.O. Box 24748 Suite, Apt. #, etc.			
City & State LAKELAND, FL		City & State LAKELAND, FL		4. FEI Number 59-3740483	
Zip 33803		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PENNACHIO, JOHN J 4740 CLEVELAND HTS. BLVD. #5 LAKELAND, FL 33813			7. Name and Address of New Registered Agent Name PENNACHIO JOHN J Street Address (P.O. Box Number is Not Acceptable) 2000 E EDGEWOOD DR STE 109 City LAKELAND FL 33803		
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: 3-8-06 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 STREET ADDRESS 500 S FLORIDA AVE, 4 FLOOR CITY-ST-ZIP LAKELAND, FL 33801	<input type="checkbox"/> Delete		TITLE PD NAME PENNACHIO JOHN J STREET ADDRESS PO BOX 24748 CITY-ST-ZIP LAKELAND, FL 33802-4748	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TS NAME LASSITER, H EDWARD STREET ADDRESS 500 S FLORIDA AVE, 4 FLOOR CITY-ST-ZIP LAKELAND, FL 33801	<input type="checkbox"/> Delete		TITLE TS NAME LASSITER H. EDWARD STREET ADDRESS PO BOX 24748 CITY-ST-ZIP LAKELAND, FL 33802-4748	<input checked="" 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	
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	
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	
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:			Date 3-8-06 Daytime Phone # 863-682-8637		