

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-16-2005 90040 049 \*\*\*150.00

**DOCUMENT # P01000084449**

1. Entity Name  
**JOHN J. PENNACHIO, 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**

**50027402**

2. Principal Place of Business  
**4740 CLEVELAND HTS BV**  
Suite, Apt. #, etc.  
**#5**  
City & State  
**LAKELAND, FL**  
Zip  
**33813** Country  
**USA**

3. Mailing Address  
**4740 CLEVELAND HTS BV**  
Suite, Apt. #, etc.  
**#5**  
City & State  
**LAKELAND, FL**  
Zip  
**33813** Country  
**USA**

03112005 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3740484** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**4740 CLEVELAND HTS BV**  
**#5**  
City  
**LAKELAND** FL Zip Code  
**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 \_\_\_\_\_ (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**

TITLE	PD	<input type="checkbox"/> Delete
NAME	PENNACHIO, JOHN J	
STREET ADDRESS	500 S. FLORIDA AVE., STE. 400	
CITY-ST-ZIP	LAKELAND, FL 33801	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LASSITER, EDWARD	
STREET ADDRESS	500 S. FLORIDA AVE, 4TH FLOOR	
CITY-ST-ZIP	LAKELAND, FL 33801	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FITTERMAN, BARRY M	
STREET ADDRESS	500 S. FLORIDA AVE, 4TH FLOOR	
CITY-ST-ZIP	LAKELAND, FL 33801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 3-14-05 863-286-4484  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #