

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90056 007 \*\*\*150.00

**DOCUMENT # P01000116393**

1. Entity Name

LONGWOOD ENTERTAINMENT GROUP, INC.



Principal Place of Business

272W SR 434  
LONGWOOD FL 32750

Mailing Address

1936 GAMBOGE DRIVE  
ORLANDO FL 32822

2. Principal Place of Business

3. Mailing Address

725 N. Magnolia

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Orlando, FL

Zip

Country

Zip

Country

32803

USA

4. FEI Number  
01-0582784

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WALKER, JAMES E  
1936 GAMBOGE DR  
ORLANDO FL 32822

7. Name and Address of New Registered Agent

Name

Paul Dennis Pennel

Street Address (P.O. Box Number is Not Acceptable)

725 N. Magnolia

City  
Orlando

FL

Zip Code  
32803

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

*Paul Dennis Pennel*

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTD ☐ Delete  
NAME WALKER, JAMES E  
STREET ADDRESS 1936 GAMBOGE DRIVE  
CITY-ST-ZIP ORLANDO FL 32822

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President/Director ☒ Change ☒ Addition  
NAME Paul Dennis Pennel  
STREET ADDRESS 725 N. Magnolia  
CITY-ST-ZIP Orlando, FL 32803-3808

TITLE Vice-President/Director ☒ Change ☒ Addition  
NAME Jack Pennel  
STREET ADDRESS 725 N. Magnolia  
CITY-ST-ZIP Orlando, FL 32803-3808

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Paul Dennis Pennel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-310-2525