



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90180 024 \*\*\*163.75

<b>DOCUMENT # P02000019920</b> 1. Entity Name <b>PENNYLANE COMPUTERS, INC.</b>					
Principal Place of Business <b>111 1/2 GREN STREET PERRY, FL 32347</b>				Mailing Address <b>111 1/2 GREN STREET PERRY, FL 32347</b>	
2. Principal Place of Business <b>111 1/2 E. GREEN ST.</b> Suite, Apt. #, etc.		3. Mailing Address <b>111 1/2 E. GREEN ST.</b> Suite, Apt. #, etc.			
City & State <b>PERRY Florida</b>		City & State <b>PERRY Florida</b>		4. FEI Number <b>42-1531480</b>	
Zip <b>32347</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required.		01242006 Chg-P CR2E034 (11/05)			
6. Name and Address of Current Registered Agent  <b>TEDDER, LENA C 1900 PENNY LN. PERRY, FL 32347</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u><i>Lena C Tedder</i></u> <b>Lena C. Tedder President</b> <span style="float: right;"><u>2-14-06</u></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		J6	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>TEDDER, LENA C 1900 PENNY LANE PERRY, ST 32347</b> <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	
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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: <u><i>Lena C Tedder</i></u> <b>Lena C. Tedder</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>2-14-06</u> <small>Date</small>		<u>850-223-2213</u> <small>Daytime Phone #</small>