

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90022 009 ***158.75

DOCUMENT # P02000077952

1. Entity Name
PENNY DOCTOR, INC.



Principal Place of Business
**681 JAMESTOWN BLVD, STE 1030
ALTAMONTE SPRINGS, FL 32714**

Mailing Address
**681 JAMESTOWN BLVD, STE 1030
ALTAMONTE SPRINGS, FL 32714**

24023942

2. Principal Place of Business
175 CROWN POINT CIR
Suite, Apt. #, etc.

3. Mailing Address
175 CROWN POINT CIR
Suite, Apt. #, etc.



03102004 Chg-P CR2E034 (10/03)

City & State
LONGWOOD, FL
Zip
32779 Country
USA

City & State
LONGWOOD, FL
Zip
32779 Country
USA

4. FEI Number
01-0722894 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NEFF, JOHN
681 JAMESTOWN BLVD, STE 1030
ALTAMONTE SPRINGS, FL 32714**

7. Name and Address of New Registered Agent

Name
NEFF, JOHN
Street Address (P.O. Box Number is Not Acceptable)
175 CROWN POINT CIR
City
LONGWOOD FL Zip Code
32779

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 
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/10/04
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEFF, JOHN 681 JAMESTOWN BLVD, STE 1030 ALTAMONTE SPRINGS, FL 32714	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT, DIRECTOR NEFF, JOHN 175 CROWN POINT CIR. LONGWOOD FL 32779	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/04 **407-884-0444**
Date Daytime Phone #