

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90074 035 ***150.00

DOCUMENT # P02000086607

1. Entity Name

PEM ENTERPRISES, INC.



Principal Place of Business

777 HWY 27 SOUTH, STE. E
CLERMONT, FL 34711

Mailing Address

777 HWY 27 SOUTH, STE. E
CLERMONT, FL 34711

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042005

Chg-P

CR2E034 (10/03)

4. FEI Number

47-0882535

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, PAULA
777 HWY 27 SOUTH
STE E
CLERMONT, FL 34711

7. Name and Address of New Registered Agent

Name

MARY E LACHUSA

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

339 W Montrose Street

City

Clermont

FL

Zip Code

34711

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 *Mary E Lachusa*, *Mary E Lachusa, President* DATE *1/4/05*

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 ☒ Delete
NAME JONES, PAULA
STREET ADDRESS 963 W. JUNIATA ST.
CITY-ST-ZIP CLERMONT, FL 34711

TITLE ☒ Delete
NAME JONES, ERIC
STREET ADDRESS 963 W. JUNIATA ST.
CITY-ST-ZIP CLERMONT, FL 34711

TITLE ☐ Delete
NAME LACHUSA, MARY E
STREET ADDRESS 339 MONTROSE ST.
CITY-ST-ZIP CLERMONT, FL 34711

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 ☐ Change ☒ Addition
NAME Director/Vice President
STREET ADDRESS Stere C. Lachusa
CITY-ST-ZIP 339 W Montrose Street
Clermont FL 34711

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

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

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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: *Mary E Lachusa* *MARY ELACHUSA* *President* Date *1/4/05* Daytime Phone # *352-243-2330*