

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 20, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000044092  
 1. Entity Name  
 PENNY L. CHAMBERLAIN PA



Principal Place of Business  
 3015 PINE GROVE LANE  
 LADY LAKE, FL 32159

Mailing Address  
 3015 PINE GROVE LANE  
 LADY LAKE, FL 32159



03272007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 01-0776211

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

CHAMBERLAIN, PENNY L  
 3015 PINE GROVE LANE  
 LADY LAKE, FL 32159

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature Report or printed name of Registered Agent and title, applicable) (NOTE: Registered Agent signature required when certifying)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	CHAMBERLAIN, PENNY L
STREET ADDRESS	3015 PINE GROVE LANE
CITY-STATE-ZIP	LADY LAKE, FL 32159
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U00000768447  
 06/20/07-80001-006 150.00

**DO NOT WRITE IN THIS SPACE**

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 my address, with all other like empowered.

SIGNATURE: *[Signature]* *4/6/07*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #