

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # P03000060971

1. Entity Name
PENLAND & POMERENKE, INC.



Principal Place of Business
307 DIVISION AVENUE
ORMOND BCH, FL 32174

Mailing Address
307 DIVISION AVENUE
ORMOND BCH, FL 32174



02222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0068548

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PENLAND, MELISSA
307 DIVISION AVE
ORMOND BEACH, FL 32178

**DO NOT WRITE
IN THIS SPACE**

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)

1000010894076

04/24/08-80013-017 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PENLAND, MELISSA
STREET ADDRESS	307 DIVISION AVENUE
CITY-ST-ZIP	ORMOND BCH, FL 32174
TITLE	D
NAME	POMERENKE, ROBERT
STREET ADDRESS	307 DIVISION AVENUE
CITY-ST-ZIP	ORMOND BCH, FL 32174
TITLE	TVP
NAME	LIPSEY, IRENE
STREET ADDRESS	307 DIVISION AVE
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Irene Lipsey

4-10-08 (386) 236-0657