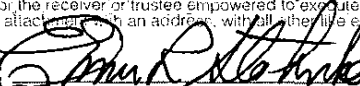


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90025 031 ***150.00

DOCUMENT # P03000106009					
1. Entity Name PEN-ROO TRUCKING, INC.					
Principal Place of Business 6615 TAILFEATHER WAY BRADENTON, FL 34203			Mailing Address 6615 TAILFEATHER WAY BRADENTON, FL 34203		
2. Principal Place of Business 999 CATTLEMEN RD			3. Mailing Address		
State/Apt. #, etc. SUITE F			Suite/Apt. #, etc.		
City & State SARASOTA, FL			City & State		
Zip 34232		Country SARASOTA		Zip	
				Country	
6. Name and Address of Current Registered Agent LEVITT, SANDY 2201 RINGLING BOULEVARD SUITE 203 SARASOTA, FL 34237				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL 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 _____ (NOTE: Registered Agent signature required when reinstating)					
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	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	STAHNKE, ELMER R		NAME		
STREET ADDRESS	6615 TAILFEATHER WAY		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34203		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	STAHNKE, PENELOPE D		NAME		
STREET ADDRESS	6615 TAILFEATHER WAY		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34203		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 life empowered.					
SIGNATURE 			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ELMER R. STAHNKE		
			1/8/04 941-342-8484		