2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 27, 2006 08:00 AM DOCUMENT # P03000136896 **Secretary of State** 1. Entity Name PENULTIMATE MANAGEMENT CO., INC. Mailing Address Principal Place of Business 2775 SADDLEWOOD LANE PALM HARBOR FL 34685 2775 SADDLEWOOD LANE PALM HARBOR FL 34685 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State 4. FEI Number Applied For City & State 20-0477114 Not Applicat Country Country ZID \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STEFURAK, FRANCIS Street Address (P.O. Box Number is Not Acceptable) 2775 SADDLEWOOD LANE PALM HARBOR FL 34685 Zia Code City 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 access the obligations of registered agent. SIGNATURE Signature, typed or priviled mame of registered agent and into a applicable DATE (NOTE, Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$150.00 \$5.00 May 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Foo Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TRILE ☐ Change T(t) F Defete NAME U00000406474 NAME STEFURAK, FRANCIS STREET ADDRESS STREET ADDRESS 02/07/06-80089-015 150.00 2775 SADDLEWOOD LANE CITY-ST-ZIP CITY-ST-7P PALM HARBOR FL 34685 ☐ Change □ Art TITLE ☐ Delete HE NAME NAME STEFURAK, JAMES STREET ADDRESS 6726 FAIRWAY COVE DRIVE STREET ACCRESS CITY-ST-ZIP CHY-S7-ZIP ORLANDO FL 32835 ☐ Delete TIRLE ☐ Change 1 Note: TITLE MAME NAME STREET ADDRESS STREET ADDRESS CCCY-ST-ZIP CHY-ST-ZIP ☐ Change □ Ad TITLE ☐ Detete THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP $\square F$ ☐ Change ☐ Delate TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete THILE THE NAME NAME STREET ADDRESS STREET ADORESS CHTY-ST-ZIP CHY-ST-ZP

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if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANCIS C. STEFURAK 1/24/06 727 17304

12. I hereby certify that the information supplied with this hing does not qualify for the exemptions contained in Section 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 directly 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