

2004 FOR PROFIT CORPORATION REINSTATEMENT

10/2

DOCUMENT # P03000139170
 1. Entity Name
LAURA PENNA AND WILL ROGERS CLEAN-UP, INC.



FILED
04 DEC -2 AM 10:18
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business: **20348 PINTAIL RD ALTOONA, FL 32702**
 Mailing Address: **20348 PINTAIL RD ALTOONA, FL 32702**



2. Principal Place of Business: Suite, Apt. #, etc. **SAME**
 3. Mailing Address: Suite, Apt. #, etc. **SAME**
 City & State: **SAME**
 Zip: Country

11022004 REIN-P CR2E098 (6/04)
 4. FEI Number: **200425315**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BARNES & JAMES, P.A.
2629 BLAIR STONE RD
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent
 Name: **SAME**
 Street Address (P.O. Box Number is Not Acceptable): **SAME**
 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: DATE: **11/22/04**
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS	
TITLE: P	<input type="checkbox"/> Delete
NAME: PENNA, LAURA	
STREET ADDRESS: 20348 PINTAIL RD	
CITY-ST-ZIP: ALTOONA, FL 32702	
TITLE: V	<input type="checkbox"/> Delete
NAME: ROGER, WILL	
STREET ADDRESS: 20348 PINTAIL RD	
CITY-ST-ZIP: ALTOONA, FL 32702	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

600043094356
12/01/04--01013--008 **150.00

11/2/3

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: **WILL ROGERS** 11-22-04 669-3383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2002
DATE

OCTOBER 24, 2004

LAURA PENNA & WILL ROGERS CLEAN-UP, INC.,
20348 PINTAIL RD,
ANTONNA, FL, 32702

GLENDA HOOD, SEC. OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6198
TALLAHASSEE, FL. 32314-6198

RE: DISSOLUTION OF OUR CORPORATION
DOCUMENT # P03000139170

THIS IS A WRITTEN REQUEST FOR SOME
FORM OF ADMINISTRATIVE LENIENCY OF THE
EXTENSION FOR OUR ANNUAL REPORT
FILING FOR 2004. THIS REQUEST IS BASED
ON FINANCIAL DISASTER DUE TO THE TWO
RECENT HURRICANES IN OUR AREA. FOR
THE PAST 45 DAYS OUR RESIDENCE/OFFICE
HAS BEEN UNINHABITABLE, SOME BUSINESS
RECORDS PARTIALLY DESTROYED, AND LITTLE
TO NO ASSISTANCE FROM OUR INSURANCE BUT
FEMA DID GIVE US \$687,00 FOR TEMPORARY
HOUSING. YOU SEE, A 200 YR. OLD OAK
TREE CRASHED THRU OUR OFFICE & SCREEN
ENCLOSURE. OUR WORK & BUSINESS HAS
BEEN DISRUPTED. WE AWAIT YOUR DECISION.