2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2008
Secretary of State

DOCUMENT# P07000073611

Entity Name: PENNYALPACER INC.

Current Principal Place of Business:

17941 HANCOCK BLUFF ROAD
DADE CITY, FL 33523

New Principal Place of Business:

Current Mailing Address:

17941 HANCOCK BLUFF ROAD
DADE CITY, FL 33523

New Mailing Address:

FEI Number: 33-1210805 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD, SUITE 101
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MCCASKILL, SARAH
Address: 17941 HANCOCK BLUFF ROAD
City-St-Zip: DADE CITY, FL 33523

Title: VP/D ( ) Delete
Name: SZENDERSKI, SUE
Address: 2807 DENSMORE
City-St-Zip: TOLEDO, OH 43606

Title: S ( ) Delete
Name: CROSS, PATTY
Address: 5932 INDIAN TRIAL
City-St-Zip: SYLVANIA, OH 43560

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: CEO (X) Change ( ) Addition
Name: CROSS, PATTY
Address: 5932 INDIAN TRIAL
City-St-Zip: SYLVANIA, OH 43560

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN M. SZENDERSKI VP/D 07/13/2008

Electronic Signature of Signing Officer or Director Date