

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P11852**

1. Entity Name  
**PENN-SOTA, INC.**



Principal Place of Business  
**123 FAIRFIELD AVE  
JOHNSTOWN, PA 15906-2333**

Mailing Address  
**123 FAIRFIELD AVE  
JOHNSTOWN, PA 15906-2333**



**DO NOT WRITE IN THIS SPACE**

02102004 No Chg-P CR2E034 (10/03)

4. FEI Number **59-0997060** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MACY, WILLIAM  
2320 BEE RIDGE RD LOT146A  
SARASOTA, FL 34239**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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**

**U000000056253  
02/19/04-80012-016 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE **PD**  
NAME **MACY, WILLIAM**  
STREET ADDRESS **2320 BEE RIDGE RD LOT 146A**  
CITY-ST-ZIP **SARASOTA, FL 34239**

TITLE **STD**  
NAME **SHILEY, STANLEY**  
STREET ADDRESS **123 FAIRFIELD AVE**  
CITY-ST-ZIP **JOHNSTOWN, PA**

TITLE **VD**  
NAME **DRAGOVICH, ANN**  
STREET ADDRESS **421 FAIRFIELD AVE.**  
CITY-ST-ZIP **JOHNSTOWN, PA**

TITLE **DV**  
NAME **MICHELLE, GRAHAM R**  
STREET ADDRESS **305 FRANKLIN ST**  
CITY-ST-ZIP **JOHNSTOWN, PA 15901**

TITLE **DAST**  
NAME **LINDA, SZEWCZYK**  
STREET ADDRESS **305 FRANKLIN ST**  
CITY-ST-ZIP **JOHNSTOWN, PA 15901**

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 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:** Stanley Shiley **STANLEY SHILEY** **2-5-04** **814-536-3219**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #