## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # P92000002944

PENN-FLORIDA VENTURE II, INC.



**FILED** May 01, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

1515 N FEDERAL HIGHWAY # 306

BOCA RATON, FL 33432 US

1515 N FEDERAL HIGHWAY # 306

BOCA RATON, FL 33432 US



DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (11/05) 02132008

4. FEI Number 65-0384227 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GENSHEIMEIR, MARK A 1515 N FEDERAL HWY STE 306 BOCA RATON, FL 33432

## DO NOT WRITE IN THIS SPACE

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8. The above the obligat	named entity submits this statement for the plions of registered agent.	ourpose of changing its registere	d office or i	egistered agent, or bo		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered				Agent signature required when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		U00000938802 05/28/08-80001-018 150.00		
10.	OFFICERS AND DIREC	CTORS			The state of the s	4 (44
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS GENSHEIMER, MARK A 1515 N. FEDERAL HWY., # 306 BOCA RATON, FL 33432					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AYERLE ROBERT A. 1515 N. FEDERAL HWY., # 306 BOCA RATON, FL 33432		, , , , , , , , , , , , , , , , , , ,			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS						

12. I hereby certify that the information supplied with this filling does not gualify for the exemptions contained 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 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 his 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark A. Gensheimer

President