


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

03-11-2005 90302 023 \*\*\*150.00

<b>DOCUMENT # P93000023646</b>	
1. Entity Name <b>PENNEY ENTERPRISES, INC.</b>	

Principal Place of Business <b>3130 NW BLITCHTON RD. OCALA, FL 34475 US</b>	Mailing Address <b>3130 NW BLITCHTON OCALA, FL 34475 US</b>
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2. Principal Place of Business <b>3130 NW BONNIE HEATH BLVD</b>	3. Mailing Address <b>3130 NW BONNIE HEATH BLVD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>OCALA, FL</b>	City & State <b>OCALA, FL</b>
Zip <b>34475-4524</b>	Country
Country	Zip <b>34475-4524</b>
Country	Country

01202005 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3173095</b>	Applies For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>PENNEY, LORETTA E. 3130 NW BLITCHTON RD. OCALA, FL 34475</b>	7. Name and Address of New Registered Agent Name <b>LORETTA E. PENNEY</b> Street Address (P.O. Box Number is Not Acceptable) <b>3130 NW BONNIE HEATH BLVD</b> City <b>OCALA FL</b> Zip Code <b>34475-4524</b>
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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 registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENNEY, LORETTA E 3130 NW BLITCHTON RD. OCALA, FL 34475 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PENNEY, LORETTA E. 3130 NW BONNIE HEATH BLVD. OCALA, FL 34475-4524 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENNEY, ROBERT 3130 NW BLITCHTON RD. OCALA, FL 34475 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3130 NW BONNIE HEATH BLVD. OCALA, FL 34475-4524 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *Loretta E Penney* *3-7-05* *352-351-4498*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #