

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000023646

1. Entity Name
PENNEY ENTERPRISES, INC.



Principal Place of Business
3130 NW BONNIE HEATH BLVD
OCALA, FL 34475-4524 US

Mailing Address
3130 NW BONNIE HEATH BLVD
OCALA, FL 34475-4524 US



04232008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3173095

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PENNEY, LORETTA L
3130 NW BONNIE HEATH BLVD
OCALA, FL 34475-4524

**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 _____

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000931229
05/22/08-80006-016 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME PENNEY, LORETTA E
STREET ADDRESS 3130 NW BONNIE HEATH BLVD
CITY- ST- ZIP OCALA, FL 344754524

TITLE D
NAME PENNEY, ROBERT
STREET ADDRESS 3130 NW BONNIE HEATH BLVD
CITY- ST- ZIP OCALA, FL 344754524

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

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 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 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*

LORETTA E. PENNEY

4-28-08

352-351-4498

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

(Daytime Phone #)