


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90232 023 \*\*\*150.00

<b>DOCUMENT # P93000031052</b>	
1. Entity Name PENCO CONSTRUCTION CO. OF ORLANDO, INC.	

Principal Place of Business 1730 BUMBY AVE G-14 ORLANDO, FL 32806 US	Mailing Address <del>2030 ROYAL LANE</del> <del>DALLAS, TX 75229</del> US
---	---

**50016854**



2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address 4407 BEE CAVES ROAD Suite, Apt. #, etc. SUITE 320 City & State AUSTIN, TEXAS Zip 78746	Country USA
--	--	----------------

04212006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3182098	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

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

6. Name and Address of Current Registered Agent  CALVERT, JOHN M 1730 BUMBY AVE SUITE G-14 ORLANDO, FL 32806		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
---	--	---	--

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
--	------------

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RENNEKER, ROBERT 2030 ROYAL LANE DALLAS, TX 75229 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4407 BEE CAVES ROAD, SUITE 320 AUSTIN, TX 78746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CALVERT, JOHN M 1734 BUMBY LANE ORLANDO, FL 32806 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4407 BEE CAVES ROAD, SUITE 320 AUSTIN, TX 78746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RENNEKE, CHARLES N 2030 ROYAL LANE DALLAS, TX 75229 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4407 BEE CAVES ROAD, SUITE 320 AUSTIN, TX 78746
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 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: 	4/25/06 512-264-9264
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>