
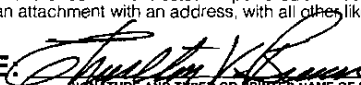


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90025 042 \*\*\*150.00

<b>DOCUMENT # P93000037736</b>			
1. Entity Name PENCOR, INC.			
Principal Place of Business 6620 SOUTHPPOINT DRIVE SOUTH 610 JACKSONVILLE, FL 32216		Mailing Address 6620 SOUTHPPOINT DRIVE SOUTH 610 JACKSONVILLE, FL 32216	
2. Principal Place of Business 1361 13th Ave S. Suite, Apt. #, etc. #250 City & State Jacksonville Beach FL Zip 32250 Country USA		3. Mailing Address 1361 13th Ave S. Suite, Apt. #, etc. #250 City & State Jacksonville Beach FL Zip 32250 Country U.S.A.	
6. Name and Address of Current Registered Agent BROWN, CHARLTON V 6620 SOUTHPPOINT DR SOUTH #610 JACKSONVILLE, FL 32216		7. Name and Address of New Registered Agent Name Brown, Charlton V. Street Address (P.O. Box Number is Not Acceptable) 1361 13th Ave S. #250 City Jacksonville Beach FL Zip Code 32250	
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 After May 1, 2004 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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BROWN, CHARLTON V 106 POSEIDON LANE PONTE VEDRA, FL <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	CVSD SHURM, WILLIAM H 6620 SOUTHPPOINT DRIVE SOUTH JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVSD Shurm, William H. 1361 13th Ave S. #250 Jacksonville Beach FL 32250 <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
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  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/19/04 904-242-4245 Date Daytime Phone #	

24049259



02272004 Chg-P CR2E034 (10/03)

4. FEI Number  
59-3186581  
Applied For  
Not Applicable

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