


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90010 039 ***150.00

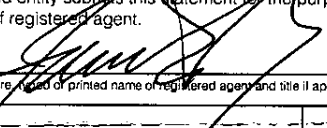
DOCUMENT # P93000054525	
1. Entity Name PENN FIRST MANAGEMENT, INC.	

Principal Place of Business 1813 N DEAN ROAD 103 ORLANDO, FL 32817	Mailing Address 1813 N DEAN ROAD 103 ORLANDO, FL 32817
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2. Principal Place of Business 498 PALM SPGS DR #270 Suite, Apt. #, etc.	3. Mailing Address 498 PALM SPGS DR #270 Suite, Apt. #, etc.
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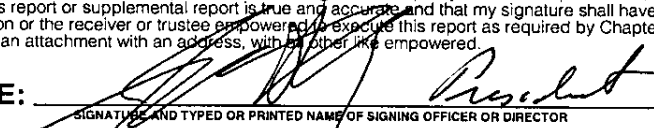
City & State ALTAMONTE SPRINGS FL	City & State ALTAMONTE SPRINGS FL
Zip 32701	Country SEMINOLE

6. Name and Address of Current Registered Agent SHEELER, LAWRENCE M 1813 NORTH DEAN ROAD 103 ORLANDO, FL 32817		7. Name and Address of New Registered Agent Name JAMES W BOYLE Street Address (P.O. Box Number is Not Acceptable) 498 PALM SPRINGS DR #270 City ALTAMONTE SPRINGS FL Zip Code 32701	
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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: 	DATE: 3/21/04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	PD SHEELER, LAWRENCE M 523 SPRING ISLAND WAY ORLANDO, FL 32828 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JAMES W BOYLE 498 PALM SPRNGS DR #270 ALTAMONTE SPRINGS FL 32701 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SHEELER, CLAIRE E 523 SPRING ISLAND WAY ORLANDO, FL 32828 <input checked="" 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
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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 or without other like empowered.	
SIGNATURE: 	DATE: 3/21/04 407-260-1119

44023262



03162004 Chg-P CR2E034 (10/03)