

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 20, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000036211

1. Entity Name
PENZ ENTERPRISES, INC.



Principal Place of Business
**9219 NICKELS BLVD
BOYNTON BEACH, FL 33436**

Mailing Address
**9219 NICKELS BLVD.
BOYNTON BEACH, FL 33436**



08132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0485105

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PENZENIK, MICHAEL
9219 NICKELS BLVD.
BOYNTON BEACH, FL 33436**

**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 \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PENZENIK, MICHAEL
STREET ADDRESS	9219 NICKELS BLVD
CITY-ST-ZIP	BOYNTON BEACH, FL

TITLE	VP
NAME	PENZENIK, PEGGY
STREET ADDRESS	9219 NICKELS BLVD
CITY-ST-ZIP	BOYNTON BEACH, FL 33436

TITLE	
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U00000772440
08/20/07-80004-007 550.00

**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 the 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

MICHAEL PENZENIK

AUGUST 13 07