


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000076662</b>																																										
1. Entity Name PENNSTON FARM, INC.																																										
Principal Place of Business 1201 SW 17TH STREET OCALA, FL 34474 US	Mailing Address 1201 SW 17TH STREET OCALA, FL 34474 US																																									
<b>DO NOT WRITE IN THIS SPACE</b>		02272007 No Chg-P CR2E034 (11/05)																																								
		4. FEI Number 65-0544271 Applied For Not Applicable																																								
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																								
6. Name and Address of Current Registered Agent PENN, JOHN 1201 SW 17TH ST OCALA, FL 34474		<b>DO NOT WRITE IN THIS SPACE</b>																																								
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																										
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees U000000661290 03/20/07-80033-016 150.00																																								
10. OFFICERS AND DIRECTORS																																										
<table border="1"><tr><td>TITLE</td><td>D</td></tr><tr><td>NAME</td><td>PENN, JOHN</td></tr><tr><td>STREET ADDRESS</td><td>1201 SW 17TH ST</td></tr><tr><td>CITY-ST-ZIP</td><td>OCALA, FL 34471</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>			TITLE	D	NAME	PENN, JOHN	STREET ADDRESS	1201 SW 17TH ST	CITY-ST-ZIP	OCALA, FL 34471	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
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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: _____		Date: 02/27/2007 Daytime Phone #: 352-351-3420																																								
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																										