


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000063378**

1. Entity Name  
**PENICK ENTERPRISES, INC.**



Principal Place of Business      Mailing Address  
**4036 S MARK DR**                      **4036 S MARK DR**  
**SARASOTA, FL 34232**                **SARASOTA, FL 34232**



01132005    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**65-0684547**                      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SOBERING, NICHOLAS**  
**4036 S MARK DRIVE**  
**SARASOTA, FL 34232**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	DPS
NAME	SOBERING, PENELOPE R
STREET ADDRESS	3638 AMESBURY LANE
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	DVT
NAME	SOBERING, NICHOLAS G
STREET ADDRESS	4036 S MARK DR
CITY-ST-ZIP	SARASOTA, FL 34232
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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 01/21/05-80062-019 150.00

**DO NOT WRITE IN THIS SPACE**

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:** *Nicholas Sobering*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*14 Jan 05*    *(941) 926-1515*  
Date                      Day/Time Phone #