

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000063378

FILED  
Apr 25, 2009  
Secretary of State

Entity Name: PENICK ENTERPRISES, INC.

**Current Principal Place of Business:**

4036 S MARK DR  
SARASOTA, FL 34232

**New Principal Place of Business:**

**Current Mailing Address:**

4036 S MARK DR  
SARASOTA, FL 34232

**New Mailing Address:**

FEI Number: 65-0684547

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPS (X) Delete  
Name: SOBERING, PENELOPE R  
Address: 3638 AMESBURY LANE  
City-St-Zip: SARASOTA, FL 34232

Title: DV ( ) Delete  
Name: SOBERING, NICHOLAS G  
Address: 4036 S MARK DR  
City-St-Zip: SARASOTA, FL 34232

Title: DT ( ) Delete  
Name: SOBERING, STEPHEN  
Address: 2753 MARTIN ST.  
City-St-Zip: SARASOTA, FL 34237

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PT (X) Change ( ) Addition  
Name: SOBERING, NICHOLAS G  
Address: 4036 S MARK DR  
City-St-Zip: SARASOTA, FL 34232

Title: VPS (X) Change ( ) Addition  
Name: SOBERING, STEPHEN  
Address: 2753 MARTIN ST.  
City-St-Zip: SARASOTA, FL 34237

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICHOLAS SOBERING

P

04/25/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date