


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000107248

1. Entity Name
PENNELLS MARINE, INC.



Principal Place of Business Mailing Address

418 N RIVER DRIVE 418 N RIVER DRIVE
 DEERFIELD BEACH, FL 33441 DEERFIELD BEACH, FL 33441

DO NOT WRITE IN THIS SPACE



01172008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
65-0810331 Not Applicable

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

6. Name and Address of Current Registered Agent

PENNEL, PATRICIA
 418 N RIVER DRIVE
 DEERFIELD BEACH, FL 33441

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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 _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PENNEL, JACK
STREET ADDRESS	418 NE RIVER DRIVE
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE	D
NAME	PENNEL, PATRICIA
STREET ADDRESS	418 NE RIVER DRIVE
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE	D
NAME	PENNEL, MICHAEL G
STREET ADDRESS	2531 S OCEAN BLVD #8
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	D
NAME	PENNEL, DAVID
STREET ADDRESS	1100 SE 4TH AVE #28
CITY-ST-ZIP	DEERFIELD BCH, FL 33441
TITLE	D
NAME	PENNEL, REGINALD
STREET ADDRESS	424 NE RIVER RD
CITY-ST-ZIP	DEERFIELD BCH, FL 33441
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 02/14/08-80056-007 150.00

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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: *Patricia Pennell* Date: 2/2/08 Daytime Phone #: 934-426 2628

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR