

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90269 023 ***158.75

DOCUMENT # P98000002487

1. Entity Name
PODINKS, INC.



Principal Place of Business
4455 POLLYWOG DRIVE
LABELLE, FL 33935

Mailing Address
P.O. BOX 1994
LABELLE, FL 33935

54043378



2. Principal Place of Business

151 Corn Planter Road

Suite, Apt. #, etc.

3. Mailing Address

151 Corn Planter Road

Suite, Apt. #, etc.

04132004

Chg-P

CR2E034 (10/03)

City & State

Sarver, PA

City & State

Sarver, PA

4. FEI Number

65-0804912

Applied For

Not Applicable

Zip

16055

Country

Zip

16055

Country

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

ANKENY, JAMES C
4455 POLLYWOG DRIVE
LABELLE, FL 33935

7. Name and Address of New Registered Agent

Name Barbara N. Willard

Street Address (P.O. Box Number is Not Acceptable)

381 SR 80 W

City LaBelle

FL

Zip Code

33935

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

Barbara N. Willard

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/14/04

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 ANKNEY, JAMES C
STREET ADDRESS P.O. BOX 1994 N/A
CITY-ST-ZIP LABELLE, FL 33975 ☐ Delete

TITLE D
NAME BURCHARD, BARBARA M
STREET ADDRESS P.O. BOX 1994 N/A
CITY-ST-ZIP LABELLE, FL 33975 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME Ankney, James C
STREET ADDRESS 151 Corn Planter Road
CITY-ST-ZIP Sarver, PA 16055 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

James C Ankney

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/26/04/724-353-108

Date

Daytime Phone #