

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90034 030 \*\*\*150.00

DOCUMENT # P98000002487

1. Entity Name

PODINKS, INC.



Principal Place of Business

151 CORN PLANTER ROAD  
SARVER PA 16055

Mailing Address

151 CORN PLANTER ROAD  
SARVER PA 16055

2. Principal Place of Business

100 INDUSTRIAL ST

3. Mailing Address

P.O. Box 336

Suite, Apt. #, etc.

P.O. Box 336

Suite, Apt. #, etc.

City & State

YATESBORO PA

City & State

YATESBORO PA

Zip

16263

Country

U.S.

Zip

16263

Country

US

4. FEI Number

65-0804912

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILLARD, BARBARA N  
381 SR 80 W  
LABELLE FL 33935

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME ANKNEY, JAMES C  
STREET ADDRESS P.O. BOX 1994 N/A  
CITY-ST-ZIP LABELLE FL 33975

TITLE D ☐ Delete  
NAME ANKNEY, JAMES C  
STREET ADDRESS 151 CORN PLANTER ROAD  
CITY-ST-ZIP SARVER PA 16055

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition  
NAME ANKNEY, JAMES C  
STREET ADDRESS PO Box 336  
CITY-ST-ZIP YATESBORO, PA 16263

TITLE D ☒ Change ☐ Addition  
NAME ANKNEY, JAMES C  
STREET ADDRESS PO Box 336  
CITY-ST-ZIP YATESBORO, PA 16263

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

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

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

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

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 Ankney

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

339-503-0466