07-07 ANNUAL REPORTS
Pence Properties, Inc.

P98000013510

FILED
08 MAY -7 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

800123276828
04/14/08--01049--016 **300.00

CR2E034B (8/05) 07-08

2. Principal Place of Business	3. Mailing Address
413 SE 4 St	1622 NE 4 St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boynton Beach, FL	City & State: Boynton Beach FL
Zip: 33435 Country: Palm Bch	Zip: 33435 Country: Palm Beach

4. FEI Number: 65-0816719 — Applied For / Not Applicable

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

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

Name: Michael W. Bowden
Street Address (P.O. Box Number is Not Acceptable): 4283 Fox Trace
City: Boynton Beach FL Zip Code: 33436

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended AR is $61.25
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	Pres	TITLE	
NAME	Michael W. Bowden	NAME	
STREET ADDRESS	4283 Fox Trace	STREET ADDRESS	
CITY-ST-ZIP	Boynton Beach, FL 33436	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Michael W. Bowden, Michael W. Bowden 4-9-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Removed owner names