

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000100427

1. Entity Name
PEMMOBRO, INC.



Principal Place of Business
3247 S. ATLANTIC AVENUE
DAYTONA BEACH SHORES, FL 32118

Mailing Address
3247 S. ATLANTIC AVENUE
DAYTONA BEACH SHORES, FL 32118



02282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

OBROCHTA, STANLEY
3247 S. ATLANTIC AVENUE
DAYTONA BEACH SHORES, FL 32118

**DO NOT WRITE
IN THIS SPACE**

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 rechartering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME OBROCHTA, STANLEY
STREET ADDRESS 3247 S ATLANTIC AVE
CITY-ST-ZIP DAYTONA BCH SHORES, FL 32118

TITLE S
NAME OBROCHTA, PAMELA
STREET ADDRESS 3247 S. ATLANTIC AVENUE
CITY-ST-ZIP DAYTONA BEACH SHORES, FL 32118

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

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IN THIS SPACE**

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03/07/05-80054-001 150.00

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: *Stanley Obrochta*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STANLEY OBROCHTA
PRESIDENT

3/3/05

Date

386/761-8450

Daytime Phone #