

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 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



03232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$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 reinstating)

DATE

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

000000886326
04/18/08-80051-016 158.75

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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPE, OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STANLEY OBROCHTA

Date

4/3/08

Daytime Phone #

386/761-8450