

# **2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# S38196

Entity Name: L. R. PENNY & ASSOCIATES, INC.

**FILED**  
**Dec 27, 2004**  
**Secretary of State**

**Current Principal Place of Business:**

10730 102ND AVE NO.  
SEMINOLE, FL 33778 US

**New Principal Place of Business:**

**Current Mailing Address:**

10730 102ND AVE NO.  
SEMINOLE, FL 33778 US

**New Mailing Address:**

FEI Number: 59-3071554

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JONASSEN, WILLIAM S.  
10785 ULMERTON RD.  
LARGO, FL 34648 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: PENNY, LAUREN R.  
Address: 10730 102ND AVE NO.  
City-St-Zip: SEMINOLE, FL 33778

Title: VP (X) Delete  
Name: KING, CECIL T  
Address: 10863 HAMMOCK DRIVE  
City-St-Zip: LARGO, FL 33774

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAUREN R. PENNY

PRES

12/27/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date