

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S90563

FILED
Feb 27, 2009
Secretary of State

Entity Name: PENNY SCHMIDT ASSOCIATES, INC.

Current Principal Place of Business:

6851 PENTLAND WAY
#12
FT MYERS, FL 33966 US

New Principal Place of Business:

Current Mailing Address:

6851 PENTLAND WAY
#12
FT MYERS, FL 33966 US

New Mailing Address:

FEI Number: 65-0291901 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHMIDT PENNY
6851 PENTLAND WAY
12
FT MYERS, FL 33966 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PPTS () Delete
Name: SCHMIDT, PENELOPE
Address: 6851 PENTLAND WAY SUITE 12
City-St-Zip: FT MYERS, FL 33966 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTS (X) Change () Addition
Name: SCHMIDT, PENELOPE
Address: 6851 PENTLAND WAY SUITE 12
City-St-Zip: FT MYERS, FL 33966 US

Title: VP () Change (X) Addition
Name: HOWARD, WILLIAM
Address: 2003 NE 5TH STREET
City-St-Zip: CAPE CORAL, FL 33990

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PENNY SCHMIDT

PTS

02/27/2009

Electronic Signature of Signing Officer or Director

_____ Date