


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 08:00 A
Secretary of State

DOCUMENT # 637430
 1. Entity Name
PEEBLES ENTERPRISES, INC.



Principal Place of Business Mailing Address
 P.O. BOX 38 P.O. BOX 38
 WILDWOOD, FL 34785 WILDWOOD, FL 34785

DO NOT WRITE IN THIS SPACE



03052007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1965430	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PEEBLES, J.W.
322 SHOPPING CENTER DR
WILDWOOD, FL 32785

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEEBLES, J.W. 1004 CLEVELAND AVE WILDWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEEBLES, PAMELA KAY 939 SE 10TH TER OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LOCKE, MARGARET PEEBLES 1004 CLEVELAND AVE WILDWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: J. WILLARD PEEBLES
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 4/4/07 Daytime Phone # _____

My Spouse Rast, his attorney-in-fact
BRENELLE K. RAST