


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 637430 1. Entity Name PEEBLES ENTERPRISES, INC.	
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Principal Place of Business P.O. BOX 38 WILDWOOD FL 34785	Mailing Address P.O. BOX 38 WILDWOOD FL 34785
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/07)

City & State	City & State	4. FEI Number 59-1965430	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PEEBLES, J.W. 322 SHOPPING CENTER DR WILDWOOD FL 32785	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	PD	
NAME	PEEBLES, J.W.	
STREET ADDRESS	1004 CLEVELAND AVE	
CITY-ST-ZIP	WILDWOOD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEEBLES, PAMELA KAY	
STREET ADDRESS	939 SE 10TH TER	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LOCKE, MARGARET PEEBLES	
STREET ADDRESS	1004 CLEVELAND AVE	
CITY-ST-ZIP	WILDWOOD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	U00000873223		
NAME	04/10/08-80064-020 150.00		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, BY Lynelle K. Root via Attorney-in-Fact 352-748-1263

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dying No. From #