

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90018 001 ***158.75



DOCUMENT # P0000006444

1. Entity Name
PETERS INVESTMENTS INC.

Principal Place of Business 4318 HOLDEN ROAD LAKELAND FL 33811		Mailing Address 4318 HOLDEN ROAD LAKELAND FL 33811	
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number 59-3626479		Applied For <input type="checkbox"/> Not Applicable					
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required					
<table border="1" style="width: 100%;"> <tr> <td colspan="2">6. Name and Address of Current Registered Agent LANSKY, GLEN R 313 E. ROBERTSON ST. BRANDON FL 33511 </td> <td colspan="2">7. Name and Address of New Registered Agent Name <u>John Peters</u> Street Address (P.O. Box Number is Not Acceptable) <u>4318 Holden Road</u> City <u>Lakeland,</u> <u>FL</u> Zip Code <u>33811</u> </td> </tr> </table>				6. Name and Address of Current Registered Agent LANSKY, GLEN R 313 E. ROBERTSON ST. BRANDON FL 33511		7. Name and Address of New Registered Agent Name <u>John Peters</u> Street Address (P.O. Box Number is Not Acceptable) <u>4318 Holden Road</u> City <u>Lakeland,</u> <u>FL</u> Zip Code <u>33811</u>	
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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 *John Peters* **John Peters** DATE 1/20/05
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D PETERS, JOHN C 4318 HOLDEN ROAD LAKELAND FL 33811	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	VP MOCERI, SUSAN 4318 HOLDEN ROAD LAKELAND FL 33811	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *John Peters* **John Peters** DATE 1/20/05 (863) 709-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #