

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2006 8:00 am
Secretary of State

08-15-2006 90003 031 ***150.00

DOCUMENT # P05000139682																																									
1. Entity Name WILLIAM PETERS, INC.																																									
Principal Place of Business 5507 ARGON COURT PORT RICHEY, FL 34668 US			Mailing Address 5507 ARGON COURT PORT RICHEY, FL 34668 US																																						
2. Principal Place of Business SAME			3. Mailing Address SAME																																						
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																						
City & State			City & State																																						
Zip		Country		Zip																																					
Country		Country		5. Certificate of Status, Desired ☐ \$8.75 Additional Fee Required																																					
6. Name and Address of Current Registered Agent PETERS, WILLIAM 5507 ARGON COURT PORT RICHEY, FL 34668				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																					
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: _____																																									
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																																					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY ST ZIP </td> <td style="width: 50%; padding: 2px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> PRESIDENT WILLIAM PETERS 5507 ARGON COURT PORT RICHEY, FL 34668 </td> <td style="padding: 2px;"></td> </tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> </table>				TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	PRESIDENT WILLIAM PETERS 5507 ARGON COURT PORT RICHEY, FL 34668																<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY ST ZIP </td> <td style="width: 50%; padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> </table>		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition																
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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 officer 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 empowerment.																																									
SIGNATURE: <u>William Peters</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																									

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08082006 Chg-P CR2E034 (11/05)

File Number: **841692050** Applied For: ☐ Not Applicable: ☐

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