
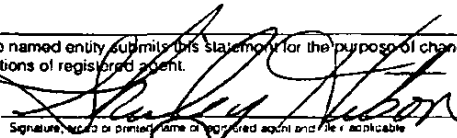



2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2007 8:00 am
Secretary of State

02-15-2007 90049 019 ***150.00

DOCUMENT # P06000057823					
1. Entity Name HITSON-PEELER INC					
Principal Place of Business 2218 US HWY 90 WEST SUITE #103 WEST PLAZA LAKE CITY FL 32055			Mailing Address 2218 US HWY 90 WEST SUITE #103 WEST PLAZA LAKE CITY FL 32055		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State		City & State		4. FEI Number 11-3777706	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SULTANA-HARDCASTLE, SHAMIMA 636 EAST DUVAL STREET LAKE CITY FL 32055			7. Name and Address of New Registered Agent Name Hitson, Shirley Street Address (P.O. Box Number is Not Acceptable) 2218 Hwy 90 West Suite 103 Westside Plaza City LAKE CITY FL Zip Code 32025		
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  <small>Signature, name or printed name of registered agent and fee, if applicable</small>				DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HITSON, SHIRLEY		NAME		
STREET ADDRESS	2218 US HWY 90 WEST SUITE #103		STREET ADDRESS		
CITY - ST - ZIP	LAKE CITY FL 32055		CITY - ST - ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PEELER, CHARLES A		NAME		
STREET ADDRESS	2054 SW DAIRY STREET		STREET ADDRESS		
CITY - ST - ZIP	LAKE CITY FL 32024		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 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:  Shirley Hitson (Shirley Hitson)				Date: 1-31-07 384-754-4663	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF FORMING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	