

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90329 045 ***150.00

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1. Entity Name
PEOPLEASE CORPORATION



Principal Place of Business
1321 CHUCK DAWLEY BLVD
SUITE 102
MT PLEASANT, SC 29464 US

Mailing Address
1321 CHUCK DAWLEY BLVD
SUITE 102
MT PLEASANT, SC 29464 US

2. Principal Place of Business

3. Mailing Address



04152004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
57-0993401

Applied For
Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTON, THOMAS C
101 SANDCASTLE LANE
SAINT AUGUSTINE, FL 32084

Name
THOMAS C MORTON
Street Address (P.O. Box Number is Not Acceptable)
2068 WEST LYMINGTON WAY
City
ST. AUGUSTINE FL Zip Code
32084

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 **NOT CHANGING - CORRECTION OF MISPELLED NAME**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
SCHELLENGER, CHARLES R
1470 BEN SAWYER BLVD SUITE 7
MOUNT PLEASANT, SC ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
SPEER, D W
1470 BEN SAWYER BLVD SUITE 7
MOUNT PLEASANT, SC ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
1321 CHUCK DAWLEY BLVD., SUITE 102
29464

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
1321 CHUCK DAWLEY BLVD., SUITE 102
29464

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: **CR Schellenger**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/04 (843) 849-1164
Date Daytime Phone #