

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 19, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 186008**

1. Entity Name

PELAEZ AND SONS INC



Principal Place of Business

600 SOUTH PARROTT AVENUE  
P.O. BOX 1291  
OKEECHOBEE FL 34974-5136

Mailing Address

600 SOUTH PARROTT AVENUE  
P.O. BOX 1291  
OKEECHOBEE FL 34974-5136



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/07)

4. FEI Number 59-1061924

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOOKER, CHRISTINA P  
600 SOUTH PARROTT AVENUE  
OKEECHOBEE FL 34974-5136

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

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

(NOTE: Registered Agent signature required when completing)

DATE

**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. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME PELAEZ, RALPH  
STREET ADDRESS 394 SW 30TH TERRACE  
CITY-STATE-ZIP OKEECHOBEE FL

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS 00000000000000000000  
CITY-STATE-ZIP 02/27/08-80076-012 150.00

TITLE D ☐ Delete  
NAME FUNES, P. CARMENZA  
STREET ADDRESS 2537 BERRY-BROOK DR.  
CITY-STATE-ZIP BATON ROUGE LA

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

TITLE STD ☐ Delete  
NAME HOOKER, CHRISTINA P.  
STREET ADDRESS 1902 SW 3RD AVENUE  
CITY-STATE-ZIP OKEECHOBEE FL

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

TITLE VD ☐ Delete  
NAME KLEIN, VICTORIA P.  
STREET ADDRESS 3124 SW WIMBLEDON TERR  
CITY-STATE-ZIP PALM CITY FL

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

TITLE D ☐ Delete  
NAME PELAEZ, MYRIAM  
STREET ADDRESS 5434 SW WIMBLEDON TERR.  
CITY-STATE-ZIP PALM CITY FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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

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:

*Christina P. Hooker* Christina P. Hooker 02/14/08 863-763-4629

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #