

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 331355

FILED
Feb 23, 2009
Secretary of State

Entity Name: CARL PELT & SONS, INC.

Current Principal Place of Business:

289 SOUTH KROME AVENUE
P.O. BOX 1208
HOMESTEAD, FL 330908208

New Principal Place of Business:

289 SOUTH KROME AVENUE
HOMESTEAD, FL 33030

Current Mailing Address:

289 SOUTH KROME AVENUE
P.O. BOX 1208
HOMESTEAD, FL 330908208

New Mailing Address:

289 SOUTH KROME AVENUE
HOMESTEAD, FL 33030

FEI Number: 59-1219428

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETERSON, WADE ESQ
234 N. KROME AVE.
HOMESTEAD, FL 33030 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PELT, STEPHEN J,
Address: 29320 SW 193 AV
City-St-Zip: HOMESTEAD, FL 33030

Title: S () Delete
Name: PELT, BONNIE L
Address: 29320 SW 193 AVE
City-St-Zip: HOMESTEAD, FL 33030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN J PELT

P

02/23/2009

Electronic Signature of Signing Officer or Director

_____ Date