

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # 451261 1. Entity Name PETER PAN, INC.					
Principal Place of Business 3576 RUBY ST PALM BCH GRDNS FL 33410 US			Mailing Address 2725 NE 54TH TRAIL OKEECHOBEE FL 34972 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-1531375	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MURRAY, DON H 2725 NE 54TH TRAIL OKEECHOBEE FL 34972				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 _____ (NOTE: Registered Agent signature required when re-registering) 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. ☐ \$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	PCD MURRAY, DON H 2725 NE 54TH TRAIL OKEECHOBEE FL 34972	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	000000647471 03/06/07-80075-004 158.75
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STVD MURRAY, PATRICIA 2725 NE 54TH TRAIL OKEECHOBEE FL 34972	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD HILL, KIMBERLY M. 10298 ALLAMANDA BLVD PALM BEACH GARDENS FL 33410	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V HILL, WILLIAM F 10298 ALLAMANDA BLVD PALM BEACH GARDENS FL 33410	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add
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: <u>Don H Murray</u> <u>2/14/07</u> <u>863 357 153</u>					