## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 496528** 

Entity Name: PEER BUILDERS, INCORPORATED

FILED Feb 20, 2005 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

1601 W MARION AVE. 325 SPRING VIEW CIRCLE

#203N PUNTA GORDA, FL 33950 US PORT CHARLOTTE, FL 33948 US

Current Mailing Address: New Mailing Address:

PO BOX 511232

in the State of Florida.

Title:

PUNTA GORDA, FL 33951 US

FEI Number: 59-1648383 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CARLSON, JAY
1601 W MARION AVE
CARLSON, JAY
325 SPRING VIEW CIRCLE

#203 PUNTA GORDA, FL 33950 US 925 SPRING VIEW CIRCLE

#208 PORT CHARLOTTE, FL 33948 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

SIGNATURE: JAY CARLSON 02/20/2005

E: JAY CARLSON 02/20/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

PTD ( ) Delete Title: PTD (X) Change ( ) Addition

 Name:
 CARLSON, EARLE J

 Address:
 1601 W. MARION AVENUE #203
 Address:
 325 SPRING VIEW CIRCLE

 City-St-Zip:
 PUNTA GORDA, FL 33950 US
 City-St-Zip:
 PORT CHARLOTTE, FL 33948 US

Title: VSD () Delete Title: VSD (X) Change () Addition Name: CARLSON, GINA M Name: CARLSON, GINA M

Address: 1601 W. MARION AVE #203 Address: 325 SPRING VIEW CIRCLE
City-St-Zip: PUNTA GORDA, FL 33950 US City-St-Zip: PORT CHARLOTTE, FL 33948 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAY CARLSON PTD 02/20/2005