

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # 520477 1. Entity Name PEAK MANAGEMENT CORPORATION	
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Principal Place of Business 5402 LINBURG ST. RIVERVIEW, FL 33569	Mailing Address 5402 LINBURG ST. RIVERVIEW, FL 33569
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04062005 No Chg-P CR2ED34 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 48-0955885	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NASH, CHAS L 5402 LINDBURG ST. RIVERVIEW, FL 33569	DO NOT WRITE IN THIS SPACE
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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 reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$850.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KITCHENMASTER, LESLIE 100 CHICAGO AVE. LOST SPRINGS, KS 66859
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KITCHENMASTER, SUSAN P O BOX 3 LOST SPRINGS, KS 668590003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KITCHENMASTER, ROBERT 3030 MYRA LOU COPPERAS COVE, TX 78522
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

UN00010297965
04/11/05-80050-002 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Leslie Kitchenmaster 785-983-4837**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #