


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 16, 2006 08:00 AM
Secretary of State**

DOCUMENT # 520477
1. Entity Name
PEAK MANAGEMENT CORPORATION



Principal Place of Business
**5402 LINBURG ST.
RIVERVIEW, FL 33569**

Mailing Address
**5402 LINBURG ST.
RIVERVIEW, FL 33569**

DO NOT WRITE IN THIS SPACE



02092006 No Chg-P CR2E034 (11/05)

4. FEI Number
48-0955885 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**NASH, CHAS L
5402 LINBURG ST.
RIVERVIEW, FL 33569**

**DO NOT WRITE
IN THIS SPACE**

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: _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

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 76522
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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03/25/06-80008-018 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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* **Leslie Kitchenmaster 3/10/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #