

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2007 08:00 A
Secretary of State

DOCUMENT # 560100 1. Entity Name WILLIAM D. PEOPLES CONSTRUCTION CORP.					
Principal Place of Business C/O WILLIAM D. PEOPLES 8100 SE 12TH COURT Ocala FL 34480 US			Mailing Address C/O WILLIAM D. PEOPLES 8100 SE 12TH COURT Ocala FL 34480 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc.			
City & State		City & State		4. FEI Number 59-1826074	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PEOPLES, WILLIAM D 8100 SE 12TH CT. Ocala FL 34480				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 reinstating) 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	PT	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	PEOPLES, WILLIAM D		NAME	U00000604349 01/29/07-80050-008 150.00	
STREET ADDRESS	8100 SE 12TH CT.		STREET ADDRESS		
CITY ST ZIP	OCALA FL		CITY ST ZIP		
TITLE	VS	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	PEOPLES, ROBIN L.		NAME		
STREET ADDRESS	8100 SE 12TH CT.		STREET ADDRESS		
CITY ST ZIP	OCALA FL		CITY ST ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		
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>William D. Peoples</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <u>1-21-07</u> Daytime Phone #: <u>352 237 2291</u>		