## **2006 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

FILED Feb 23, 2006 8:00 am Secretary of State

Principal Place of Business   1301 RRYREPUCE BLVD   SUITE 1609   SUITE 1609   SUITE 1609   MICKSONVILLE, FL 32207   SUITE 1609   MICKSONVILLE, F	DOCUMENT # 577947  1. Entity Name PEEK, COBB, EDWARDS & ASHTON. P.A.				E SE	02-23-20	006 90006 0	)22 ***1	50.00
1301 RIVERPILACE BLVD SIDTE 1609 IACKSONVILLE, FL 32207  2. Princoal Place of Business Suite, Apr. 4, etc.	Principal Place of Business Mailing Address				⊣ դ,∪,	- حر			
SUITE 1609									
2. Principal Pitze of Business									
Suite, Apt. 4, etc.    Suite, Apt. 4, etc.   Suite, Apt. 4, etc.   D0212006   Chg.P   CR2E034 (11/05)   City & State   City & State   Sp. 1880831   Not Applicable					4 (88)81 816)4			B(E)	HIS &
Suite, Apt. 4, etc.    Suite, Apt. 4, etc.   Suite, Apt. 4, etc.   D0212006   Chg.P   CR2E034 (11/05)   City & State   City & State   Sp. 1880831   Not Applicable									
City & State  Country  Country  Country  Country  See 1880831  See 6 Address of Current Registered Agant  Name  Steel Address (P.O. Box Number is Not Acceptable)  Size of Address (P.O. Bo	Principal Place of Business     Amailing Address						IBBI BLEIL BLBIT BLBIT I	LIBU ULU 113	
Second   S	Suite, Apt. #, etc. Suite, Apt. #, etc.				02212006	Chg-P	CR2E034	1 (11/05)	
Second   S	City & State City & State				ľ			Ap	plied For
S. Certificate of Status Desired   Fee Requiser	7-			<b>.</b>					
Name	Country Country	Zip	Coun	try	5. Certificate	of Status Desired			
PEEK, DAVID H 301 RIVERPLACE BLVD SUITE 1609  JACKSONVILLE, FL 32207  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is	6. Name and Address of Current	Registered Agent			7. Name and	Address of New	v Registered Ag	ent	
Street Address (P.O. Box Number is Not Acceptable)	BEEK DAVID II			Name					
Signature   Symbol	1 '			Street Address (P.O. Box Number is Not Acceptable)					
8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I em familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature force or prelict name of repostered agent and the if applicable. (NOTE Registered Agent suprature required when remaining)  DATE  FILE NOWILL FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.   Added to Fees    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE   DATE   DEVELOPMENT   Delete   TITLE   DELET ALORESS   CITY-ST-ZIP    PEEK III, EUGENE G   1301 RIVERPLACE BLVD - STE 1609   Addition   STREET ALORESS   CITY-ST-ZIP    TITLE   D   Delete   TITLE   DELET ALORESS   CITY-ST-ZIP    TITLE   D   DELET ALORESS   CITY-ST-ZIP	SUITE 1609								
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Symbox: hype or pretioners of registered agent with a speciable.   (NOTE: Registered Agent suprature reasons where remaining)   DATE	SACKSONVILLE, PL 32207			City				Zin Cad	
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Added to Fees   Added to Fees		and title if applicable. (N	OTE: Registered	d Agent signature requ	ired when reinstating)		DATE		
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CITY-ST-ZIP JACKSONVILLE, FL 32207 CITY-ST-ZIP  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									

Indecated on this report or supplied withthis filing does not gually for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report if true and accounte 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 employered 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 fixed employeed.

GNATURE:

### CONTROLL STATUTE - True for a statute 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 employered 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 fixed employered.

#### CONTROLL STATUTE - True for a statute 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 employered to execute the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee employered to execute the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee employered to execute the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee employered to execute the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the co

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR