


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90025 025 ***150.00

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1. Entity Name
PEEK, COBB, EDWARDS & RAGATZ, P.A.



Principal Place of Business
**1301 RIVERPLACE BLVD
 SUITE 1609
 JACKSONVILLE, FL 32207**

Mailing Address
**1301 RIVERPLACE BLVD
 SUITE 1609
 JACKSONVILLE, FL 32207**

40018552



2. Principal Place of Business - No P.O. Box #
501 Riverside Avenue

3. Mailing Address
501 Riverside Avenue

Suite, Apt. #, etc.
Suite 601

Suite, Apt. #, etc.
Suite 601

01222008 Chg-P CR2E034 (12/06)

City & State
Jacksonville, Florida

City & State
Jacksonville, Florida

4. FEI Number
59-1880831

Applied For
 Not Applicable

Zip
32202

Country
USA

Zip
32202

Country
USA

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

6. Name and Address of Current Registered Agent

**PEEK, DAVID H
 1301 RIVERPLACE BLVD
 SUITE 1609
 JACKSONVILLE, FL 32207**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
501 Riverside Avenue

Suite 601

City **Jacksonville** **FL** Zip Code **32202**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	PEEK III, EUGENE G
STREET ADDRESS	1301 RIVERPLACE BLVD - STE 1609
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	PS <input type="checkbox"/> Delete
NAME	PEEK, DAVID H.
STREET ADDRESS	1301 RIVERPLACE BLVD STE 1609
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	D <input type="checkbox"/> Delete
NAME	COBB, JAMES E.
STREET ADDRESS	1301 RIVERPLACE BLVD - STE 1609
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	D <input type="checkbox"/> Delete
NAME	EDWARDS, THOMAS S.
STREET ADDRESS	1301 RIVERPLACE BLVD - #1609
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	D <input type="checkbox"/> Delete
NAME	TOOMEY, JOEL B
STREET ADDRESS	1301 RIVERPLACE BLVD STE 1609
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	501 Riverside Avenue, Suite 601
CITY-ST-ZIP	Jacksonville, FL 32202
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	501 Riverside Avenue, Suite 601
CITY-ST-ZIP	Jacksonville, FL 32202
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	501 Riverside Avenue, Suite 601
CITY-ST-ZIP	Jacksonville, FL 32202
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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 an other, I am empowered.

SIGNATURE: _____ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date _____ Daytime Phone # _____