


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2006 08:00 AM
Secretary of State

DOCUMENT # 841642
 1. Entity Name
PETER L. ARGERIS, INC.



Principal Place of Business Mailing Address
2070 UTICA PLACE 2070 UTICA PLACE
PENSACOLA, FL 32503-3234 PENSACOLA, FL 32503-3234

DO NOT WRITE IN THIS SPACE



05242006 No Chg-P CR2E034 (11/05)

4. FEI Number
36-2733079 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
ARGERIS, PETER L.
2070 UTICA PLACE
PENSACOLA, FL 32503

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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 _____

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

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

In accordance with s. 607.103(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ARGERIS, PETER L. 2070 UTICA PLACE PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ARGERIS, ELEFThERIA 2070 UTICA PLACE PENSACOLA, FL 32503
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 05/30/06-80001-017 150.00

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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: *Eleftheria J Argeris* 5/24/2006 850-435-9971

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #