


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 17, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F00000002350 1. Entity Name PEAK 10, INC.	
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Principal Place of Business 8910 LENOX POINTE DRIVE., STE A CHARLOTTE, NC 28273	Mailing Address 8910 LENOX POINTE DRIVE., STE A CHARLOTTE, NC 28273
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09092004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3638780	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324

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

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

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

U00000172365  
09/17/04-80006-015 550.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NOONEN, BRIAN J 8910 LENOX POINTE DR. SUITE A CHARLOTTE, NC 28273
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD JONES, DAVID H 8910 LENOX POINTE DR., STE A CHARLOTTE, NC 28273
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Brian J. Noonan Brian J. Noonan 9/18/04 704-264-1010  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #