2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #F01741

1. Entity Name

ALBERT PEEK REALTY AND INVESTMENT CORP.



FILED Jan 09, 2007 08:00 AM Secretary of State

Principal Place of Business

1111 NE 25TH AVE, STE 102

PO BOX 3988 OCALA, FL 34478 Mailing Address

1111 NE 25TH AVE, STE 102 PO BOX 3988

OCALA, FL 34478



DO NOT WRITE	IN	THIS	SPAC	E
--------------	----	------	------	---

01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2326311

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOZIER, G. SHEPPARD W. 13 NORTHEAST FIRST AVENUE OCALA, FL. 32670

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the piions of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.					
	Signature, typed or printed name of registered agent and little i	f applicable. (NOTE: Registered	l Agent signature	required when reinstating)	CATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PEEK, ALBERT B 303 SE 15TH AVE OCALA, FL				<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP					01/09/07-80040-005 150.00
TITLE NAME STREET ADDRESS CITY+ST-ZIP				DO	NOT WRITE

IN THIS SPACE

12. I hereby certify that the information supplied with this filling does not qualify by 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: _

TITLE

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 1, 2007 (352) 7325255