


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2008 8:00 am**  
**Secretary of State**

01-24-2008 90039 045 \*\*\*150.00

DOCUMENT # F53533																											
1. Entity Name S. AUSTIN PEELE, P.A.																											
Principal Place of Business 285 NORTHEAST HERNANDO AVENUE LAKE CITY, FL 32056			Mailing Address 285 NORTHEAST HERNANDO AVENUE LAKE CITY, FL 32056																								
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 1707																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																									
City & State		City & State Lake City FL		4. FEI Number 59-2134609																							
Zip 32055		Country USA		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																							
Zip 32056		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																							
6. Name and Address of Current Registered Agent  PEELE, S. AUSTIN 285 NORTHEAST HERNANDO AVENUE LAKE CITY, FL 32055			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code																								
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 _____																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:30%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: right;">Delete</td> </tr> <tr> <td></td> <td>DP</td> <td>PEELE, S AUSTIN</td> <td>285 NORTHEAST HERNANDO AVENUE LAKE CITY, FL 32056</td> <td><input type="checkbox"/></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete		DP	PEELE, S AUSTIN	285 NORTHEAST HERNANDO AVENUE LAKE CITY, FL 32056	<input type="checkbox"/>	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:30%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: right;">Change</td> <td style="width:10%; text-align: right;">Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition					<input type="checkbox"/>	<input type="checkbox"/>
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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: <u>S. Austin Peele, President 1-21-08</u>																											
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																											