


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90067 029 ***150.00

DOCUMENT # F98000002097 1. Entity Name CAROLE PECK FINANCIAL ADVISORS INCORPORATED																											
Principal Place of Business 3301 BONITA BEACH ROAD SUITE 208 BONITA SPRINGS, FL 34134		Mailing Address 3301 BONITA BEACH ROAD SUITE 208 BONITA SPRINGS, FL 34134																									
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 3521 Bonita Bay Blvd #100		3. Mailing Address 3521 Bonita Bay Blvd Suite, Apt. #, etc. #100																									
City & State Bonita Springs FL		City & State Bonita Springs FL																									
Zip Country 34134 US		Zip Country 34134 US																									
4. FEI Number 36-3520577		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent PECK, CAROLE JA 3301 BONITA BEACH ROAD SUITE 208 BONITA SPRINGS, FL 34134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3521 Bonita Bay Blvd #100 City Bonita Springs FL Zip Code 34134																									
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 <u><i>Carole Peck</i></u> DATE <u>3-21-08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
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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 life empowered.																											
SIGNATURE: <u><i>Carole Peck</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>3-21-08</u> Daytime Phone # <u>239-949-7100</u>																									