


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # H24767
 1. Entity Name
PETER RECOURT, INC.



Principal Place of Business C/O PETER RECOURT 7620 SADDLE RD JACKSONVILLE, FL 32221	Mailing Address C/O PETER RECOURT 7620 SADDLE RD JACKSONVILLE, FL 32221
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DO NOT WRITE IN THIS SPACE



04042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2455248	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

RECOURT, PETER
 7620 SADDLE RD
 JACKSONVILLE, FL 32221

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP RECOURT, PETER 7620 SADDLE RD JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST RECOURT, IRENE 7620 SADDLE RD JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 04/19/05-80069-012 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Peter Recourt **PETER RECOURT** 04-04-05 (904) 786-3427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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