## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED DOCUMENT # H75338 Jan 30, 2006 08:00 AN 1. Entity Name Secretary of State HAROLD PEENO, INC. Mailing Address Principal Place of Business 528 NORTH "C" STREET LAKE WORTH FL 33460 528 NORTH "C" STREET LAKE WORTH FL 33460 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 59-2625516 Not Applicate Zip Country Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PEENO, HAROLD Street Address (P.O. Box Number is Not Acceptable) **602 LAKE AVE** LAKE WORTH FL 33460 Zip Code FI 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 accer the obligations of registered agent. SIGNATURE Signature, typing or printed name of registered agent and life if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May ( After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE ☐ Change TITLE U00000407214 NAME PEENO, HAROLD NAME 02/08/06-80007-015 150.00 528 "C" ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL Delete TITLE ☐ Change A. TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP HILE ☐ Change □ Add Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete WEF ☐ Change □ A1 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY -ST-ZIP CITY-ST-ZIP Delete [ ] Change Acie NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change T Am NAME NAME STREET AODRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby cerufy that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. ( 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 direct 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 of changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X COUNT LOCATE HAROLD PECKO 1/25/06 561-582-0