## **2008 FOR PROFIT CORPORATION**

## **FILED ANNUAL REPORT** Jan 23, 2008 08:00 AN Secretary of State **DOCUMENT # H75338** 1. Entity Name HARÓLD PEENO, INC. Principal Place of Business Mailing Address 528 NORTH "C" STREET 528 NORTH "C" STREET LAKE WORTH, FL 33460 LAKE WORTH, FL 33460 No Chg-P CR2E034 (11/05) 01142008 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2625516 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent PEENO, HAROLD DO NOT WRITE 602 LAKE AVE LAKE WORTH, FL 33460 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 1000000791533 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 01/23/08-80087-009 150.0**0** Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS THLE PEENO, HAROLD NAME STREET ADDRESS 528 "C" ST CITY-ST-ZIP LAKE WORTH, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITI F NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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.

STREET ADDRESS CITY-ST-ZIP .TMLE .\_ . . NAME. STREET ADDRESS