2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J13216

1. Entity Name
PEAVY RETIREMENT CENTER, INC.

FILED

05 JUN -2 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1341 SW AVE. D BELLE GLADE, FL 33430	1352 6TH STREET WEST PALM BEACH, FL 33401

04122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2701503

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PEAVY, MARGARET
1352 6 STREET
WEST PALM BEACH, FL 33401

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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 $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	OP
NAME	PEAVY, MARGARET
STREET ADDRESS	1352 6 ST
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	OT
NAME	PEAVY, GUS
STREET ADDRESS	1352 6 ST
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	S
NAME	PEAVY, MARGARET
STREET ADDRESS	1352 6 ST
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

600055972776
06/09/05--01038--008 **158.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Margaret Peavy Margaret Peavy 4/12/05 Belle Glade FL 33430 561 992 0743
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — Date — Daytime Phone #