

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90021 005 ***158.75

DOCUMENT # J13216

1. Entity Name

PEAVY RETIREMENT CENTER, INC.



Principal Place of Business

1341 SW AVE. D
BELLE GLADE FL 33430

Mailing Address

1341 SW AVE D
BELLE GLADE FL 33430



2. Principal Place of Business - No P.O. Box #

1341 S.W. Ave D
Belle Glade 713 33430

3. Mailing Address

1352 6 St
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

West Palm Beach 71
33430

City & State

West Palm Beach 71
33401

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Margaret Peavy

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/6/07

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE OP ☐ Delete
NAME PEAVY, MARGARET
STREET ADDRESS 1352 6 ST
CITY - ST - ZIP WEST PALM BEACH FL 33401

TITLE OT ☐ Delete
NAME PEAVY, GUS
STREET ADDRESS 1352 6 ST
CITY - ST - ZIP WEST PALM BEACH FL 33401

TITLE G ☒ Delete
NAME PEAVY, MARGARET
STREET ADDRESS 1352 6 ST
CITY - ST - ZIP WEST PALM BEACH FL 33401

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: *Margaret Peavy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/07

Date

561 983 2382

Daytime Phone #