

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90212 041 ***150.00

DOCUMENT # J13524

1. Entity Name
PEREGRINUS, INC.



Principal Place of Business
**ONE INDEPENDENT DRIVE
SUITE 114
JACKSONVILLE, FL 32202 US**

Mailing Address
**ONE INDEPENDENT DRIVE
SUITE 114
JACKSONVILLE, FL 32202 US**

40086732



2. Principal Place of Business - No P.O. Box #
One Independent Drive
Suite, Apt. #, etc.
Suite 1850

3. Mailing Address
One Independent Drive
Suite, Apt. #, etc.
Suite 1850

04262007 Chg-P CR2E034 (12/06)

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number
59-2697276

Applied For
Not Applicable

Zip **32202** Country

Zip **32202** Country

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

6. Name and Address of Current Registered Agent

**EVANS, WILLIAM G
ONE INDEPENDENT DRIVE
SUITE 114
JACKSONVILLE, FL 32202**

Suite 1850

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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
EVANS, WILLIAM G.
ONE INDEPENDENT DR., STE. 114
JACKSONVILLE, FL 32202** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
Sk 1850

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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.

SIGNATURE:

William G. Evans
Signature and typed or printed name of signing officer or director

Authorized Representative

4/24/07 (904) 356-1978

Date

Daytime Phone #