


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90031 029 \*\*\*150.00

<b>DOCUMENT # J30090</b> 1. Entity Name <b>PLANNING &amp; ESTIMATING RESEARCH, INC.</b>					
Principal Place of Business <b>8950 DR 57 N STE 130 SAINT PETERSBURG, FL 33702</b>			Mailing Address <b>PO BOX 55368 SAINT PETERSBURG, FL 33732</b>		
2. Principal Place of Business - No P.O. Box # <b>1384 - 54th AVE NE</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>ST PETERSBURG FL</b>		City & State Suite, Apt. #, etc.		4. FEI Number <b>59-2706501</b>	
Zip <b>33703</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WINEBRENNER, J. M. 8950 DR MARTIN LUTHER KING ST N SAINT PETERSBURG, FL 33702</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>1384 - 54th AVE NE</b>	
Address change only				City <b>St Petersburg</b> <b>FL</b> Zip Code <b>33703</b>	
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 _____ <small>Signature: typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD DAVIS, MICHAEL J. 7505 VALLE AVE ATASCADERO, CA	<input type="checkbox"/> Delete			
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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: <i>Michael J. Davis</i> <b>Michael J. Davis</b> <b>4/11/08</b> <b>(805)462-0791</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY DATE DAYTIME PHONE #</small>		