

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Jan 08, 2007 8:00 am
Secretary of State

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01052007 Chg-P CR2E034 (12/06)

DOCUMENT # J61736 1. Entity Name PEACHTREE HOMES INC.					
Principal Place of Business 17002 ABASTROS DE AVILA TAMPA, FL 33613 US			Mailing Address 17002 ABASTROS DE AVILA TAMPA, FL 33613 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 59-2843972 ☐ Applied For ☐ Not Applicable	
City & State		City & State			
Zip	Country	Zip	Country		
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent ALLEN, WILLIAM G. 17002 ABASTROS DE AVILA TAMPA, FL 33613 33613	
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: (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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT ALLEN, WILLIAM G. 17002 ABASTROS DE AVILA TAMPA, FL 33613 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV ALLEN, JOHANNA 17002 ABASTROS DE AVILA TAMPA, FL 33613 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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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: William G. Allen SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 8.13.9090402 Daytime Phone #		