2008 FOR PROFIT CORPORATION

FILED Apr 30, 2008 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # K34040 1. Entity Name HAROLD F. PEEK, JR., P.A. Principal Place of Business Mailing Address 303 WASHINGTON AVE PO BOX 36 VALPARAISO, FL 32580 US VALPARAISO, FL 32580 US 04282008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0088286 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PEEK, HAROLD F. JR. DO NOT WRITE 231 DOMINICA CIRCLE SOUTH NICEVILLE, FL 32578 IN THIS SPACE 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees U00000934600 05/23/08-80039-006-150.00 OFFICERS AND DIRECTORS 10. TITLE PEEK, HAROLD F., JR NAME STREET ADDRESS 231 DOMINICA CIRCLE S NICEVILLE, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TOTAL NAME STREET ADDRESS CITY - ST - ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 in changed, or on an attachment with an address, with all other like empowered. Spril 28, 2008

NAME STREET ADDRESS CITY-ST-ZIP THILE

STREET ADDRESS CITY-ST-7IP

Daytime Phone #