

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # L00624

1. Entity Name
ADVANCED PERIPHERAL, INC.



Principal Place of Business
**1527 WILLARD RD., N.W.
PALM BAY, FL 32907 US**

Mailing Address
**P. O. BOX 060327
PALM BAY, FL 32906-0327 US**



04202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2956357	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**JONES, RICHARD O.
1250 E. EAU GALIE BLVD.
SUITE J
MELBOURNE, FL 32935**

**DO NOT WRITE
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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RODBY, CATHY A
STREET ADDRESS	1527 WILLARD ROAD NW
CITY-ST-ZIP	PALM BAY, FL
TITLE	VST
NAME	RODBY, THOMAS A.
STREET ADDRESS	1527 WILLARD ROAD NW
CITY-ST-ZIP	PALM BAY, FL
TITLE	D
NAME	RODBY, THOMAS A.
STREET ADDRESS	1527 WILLARD ROAD NW
CITY-ST-ZIP	PALM BAY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000916204
05/12/08-80019-002 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

Thomas A Rodby **Thomas A Rodby**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20 April 2008

Date

321-722-0834

Daytime Phone #