


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 11, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01060**

1. Entity Name  
**PETER AND FRANCES, INC.**



Principal Place of Business  
 504 US HIGHWAY 27 N  
 AVON PARK, FL 33825

Mailing Address  
 504 US HIGHWAY 27 N  
 1130 N. TAMiami TRAIL  
 AVON PARK, FL 33825



03042004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0131209**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**TSAKALOS, DIMITRIOS**  
**5249 MAGNOLIA PL**  
**SEBRING, FL 33872**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

U00000084412  
 03/11/04-80005-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TSAKALOS, DIMITRIOS
STREET ADDRESS	5249 MAGNOLIA PL
CITY - ST - ZIP	SEBRING, FL 33872
TITLE	VP
NAME	TSAKALOS, MARIA
STREET ADDRESS	5249 MAGNOLIA PL
CITY - ST - ZIP	SEBRING, FL 33872
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Dimitrios Tsakalos 3-8-04  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #