


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 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
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03042005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0131209	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
TSAKALOS, DIMITRIOS
5249 MAGNOLIA PL
SEBRING, FL 33872

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TSAKALOS, DIMITRIOS 5249 MAGNOLIA PL SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP TSAKALOS, MARIA 5249 MAGNOLIA PL SEBRING, FL 33872
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04/29/05-80075-003 150.00

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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 4-26-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #