


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2006 8:00 am**  
**Secretary of State**

01-10-2006 90024 038 \*\*\*150.00

<b>DOCUMENT # L76263</b> 1. Entity Name <b>DON PECKHAM INSURANCE, INC.</b>					
Principal Place of Business <b>7217 COCA SABAL LANE FT. MYERS, FL 33908-4264</b>				Mailing Address <b>7217 COCA SABAL LANE FT. MYERS, FL 33908-4264</b>	
2. Principal Place of Business <b>3718 40th St S.W.</b> Suite, Apt. #, etc.				3. Mailing Address <b>3718 40th St S.W.</b> Suite, Apt. #, etc.	
City & State <b>LEHIGH ACRES, FLORIDA</b> Zip <b>33971</b> Country <b>U.S.A</b>				City & State <b>LEHIGH ACRES FLORIDA</b> Zip <b>33971</b> Country <b>U.S.A</b>	
4. FEI Number <b>65-0201365</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PECKHAM, DON 7217 COCA SABAL LANE FT. MYERS, FL 33908</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>3718 40th St SW</b> City <b>LEHIGH ACRES</b> <b>FL</b> Zip Code <b>33971</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PECKHAM, DON 7217 COCA SABAL LANE FT. MYERS, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>PECKHAM, DON</del> <b>3718 40th St S.W</b> <b>LEHIGH ACRES FL 33971</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ADDRESS ONLY
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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: <u>Don Peckham</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>01-07-06</u> Daytime Phone # <u>239-850-8095</u>		