2005 FOR PROFIT CORPORATION

FILED Apr 09, 2005 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # M79209** 1. Entity Name SAMUEL M. PEEK, P.A. Mailing Address Principal Place of Business % SAMUEL M. PEEK % SAMUEL M. PEEK 222 GOVERNMENT ST. #D 222 GOVERNMENT ST. #D NICEVILLE, FL 32578 NICEVILLE, FL 32578 04062005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2887598 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE PEEK, SAMUEL M. 222 GOVERNMENT ST. IN THIS SPACE NICEVILLE, FL 32578 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, 2005 Fee will be \$550.00 Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PST TITLE PEEK, SAMUEL M. NAME 222 GOVERNMENT ST. STREET ADDRESS CITY - ST-ZIP NICEVILLE, FL TITLE 000000295003 04/09/05-80051-008 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this tiling does not qualify for the exemption stated in Section 119.07(3)(1), 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 eath; 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 with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF AIGHING DEFICER

850-678-1178