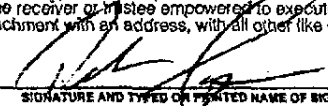


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # M85054 1. Entity Name PETE SEYMOUR ENTERPRISES, INC.			
Principal Place of Business % PETE SEYMOUR 5152 SW MARKEL STREET PALM CITY, FL 34990		Mailing Address % PETE SEYMOUR 5152 SW MARKEL STREET PALM CITY, FL 34990	
DO NOT WRITE IN THIS SPACE			
		03012006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0057639	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent SEYMOUR, PETE % PETE SEYMOUR 5152 SW MARKEL STREET PALM CITY, FL 34990		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 re-registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
		100000014685211 03/23/06-80013-021 158.75	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEYMOUR, PETE 5152 SW MARKEL STREET PALM CITY, FL 34990		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SEYMOUR, JANET 5152 SW MARKEL ST. PALM CITY, FL 34990		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: 		3-2-6 (772) 221-0085	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	