

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002778

FILED
Jul 12, 2005
Secretary of State

Entity Name: PEER, INC.

Current Principal Place of Business:

5892 E. FOWLER AVENUE
TAMPA, FL 336172312

New Principal Place of Business:

Current Mailing Address:

5892 E. FOWLER AVENUE
TAMPA, FL 336172312

New Mailing Address:

FEI Number: 20-0017147 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

STULL, R. JEFFREY ESQ.
602 SOUTH BLVD.
TAMPA, FL 33606 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: RIES, THOMAS F
Address: 4013 E. FOWLER AVE.
City-St-Zip: TAMPA, FL 336172622

Title: VTD () Delete
Name: KLAUS, SANDRA S
Address: 4013 E. FOWLER AVE.
City-St-Zip: TAMPA, FL 336172622

Title: D () Delete
Name: SUMPTER, ED DAVID
Address: 4013 E. FOWLER AVE.
City-St-Zip: TAMPA, FL 336172622

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS F. RIES

PSD

07/12/2005

Electronic Signature of Signing Officer or Director

Date