

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90198 045 \*\*\*150.00

DOCUMENT # P00000002003

1. Entity Name

CARL PEACHEY INC.



Principal Place of Business

930 EATON ST.  
C  
KEY WEST FL 33041

Mailing Address

PO BOX 4658  
KEY WEST FL 33041



2. Principal Place of Business

1210 SOUTH ST

Suite, Apt. #, etc.

R

City & State

KEY WEST, FL

Zip

33040

Country

USA

3. Mailing Address

P.O. Box 4658

Suite, Apt. #, etc.

City & State

KEY WEST, FL

Zip

33041

Country

USA

1st MOORE

CR2E034 (10/05)

4. FEI Number

65-0976445

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RITSON, BRUCE  
513 WHITEHEAD STREET  
KEY WEST FL 33040

7. Name and Address of New Registered Agent

Name

Mary Beth Meyers CPA

Street Address (P.O. Box Number is Not Acceptable)

3201 FLAGLER AVE  
SUITE 506

City

KEY WEST

FL

Zip Code

33040

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

Mary Beth Meyers CPA

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/06

FILE NOW! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME PEACHEY, CARL  
STREET ADDRESS 524 ELIZABETH ST. #2  
CITY-ST-ZIP KEY WEST FL 33040

TITLE ST ☐ Delete  
NAME PEACHEY, CATHERINE L  
STREET ADDRESS 524 ELIZABETH ST. #2  
CITY-ST-ZIP KEY WEST FL 33040

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition  
NAME PEACHEY, CARL  
STREET ADDRESS 1210 SOUTH ST. R  
CITY-ST-ZIP KEY WEST, FL 33040

TITLE ST ☒ Change ☐ Addition  
NAME PEACHEY, CATHERINE L  
STREET ADDRESS 1210 SOUTH ST R  
CITY-ST-ZIP KEY WEST, FL 33040

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 Section 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:

CARL PEACHEY

4/11/06

(305) 304-2275

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #