

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 13, 2004 8:00 am**  
**Secretary of State**

09-13-2004 90006 028 \*\*\*158.75

**DOCUMENT # P00000011166**

**1. Entity Name**  
**PEACOCK COMMERCE ASSOCIATES, INC.**



**Principal Place of Business**  
**5350 GRAND BANKS BLVD**  
**GREENACRES, FL 33463**

**Mailing Address**  
**5350 GRAND BANKS BLVD**  
**GREENACRES, FL 33463**

**54072848**



06142004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**65-0980475**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired**



**\$8.75 Additional**  
**Fee Required**

**6. Name and Address of Current Registered Agent**

**ROBILIO, JOHN A**  
**5350 GRAND BANKS BLVD**  
**GREENACRES, FL 33463**

**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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

**9. Election Campaign Financing**  
**Trust Fund Contribution.**

☐ **\$5.00 May Be**  
**Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

**TITLE** P  
**NAME** ROBILIO, JOHN  
**STREET ADDRESS** 5350 GRAND BANKS BLVD  
**CITY-ST-ZIP** GREENACRES, FL 33463

**TITLE** ST  
**NAME** ROBILIO, DARLENE  
**STREET ADDRESS** 5350 GRAND BANKS BLVD  
**CITY-ST-ZIP** GREENACRES, FL 33463

**TITLE** M  
**NAME** ROBILIO, JOE  
**STREET ADDRESS** 5350 GRAND BANKS BLVD  
**CITY-ST-ZIP** GREENACRES, FL 33463

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

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

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

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*John Robilio*  
John Robilio

8/31/04

561-966-2106

Date

Daytime Phone #