2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000068729

1. Entity Name
PETER-BUILT OF SARASOTA, INC.

Principal Place of Business	Mailing Address
P O BOX 25802 SARASOTA, FL 34277-2802	P O BOX 25802 SARASOTA, FL 34277-2802

DO NOT WRITE IN THIS SPACE

03302005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3658923	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

Name and Address of Current Registered Agent

LITVINCHYK, PETER
630 ROBERTS BAY DR
NOKOMIS, FL 34275

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 reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2005 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	LITVINCHYK, PETER
STREET ADDRESS	P O BOX 25802
CITY-ST-ZIP	SARASOTA, FL 342772802

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   04-08-05   941-485-2130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #