

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P01000008580**

1. Entity Name  
**PECKHAM ENTERPRISES, INC.**



**FILED**  
**05 NOV 23 PM 10:28**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Principal Place of Business  
**214 WEST BAY DRIVE  
LARGO, FL 33770**

Mailing Address  
**214 WEST BAY DRIVE  
LARGO, FL 33770**

2. Principal Place of Business  
**214 West Bay Dr**  
Suite, Apt. #, etc.  
**B**

3. Mailing Address  
**214 West Bay Dr**  
Suite, Apt. #, etc.  
**B**

City & State  
**Largo FL**

City & State  
**Largo FL**

Zip  
**33770** Country  
**USA**

Zip  
**33770** Country  
**USA**



6. Name and Address of Current Registered Agent  
**PECKHAM, MARILYN N/A**  
**214 WEST BAY DRIVE  
LARGO, FL 33770**

4. FEI Number  
**59-3701038**

Applied For  
☐ Not Applicable

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

7. Name and Address of New Registered Agent  
Name  
**Dave Peckham**  
Street Address (P.O. Box Number is Not Acceptable)  
**214 West Bay Dr Ste B**  
City  
**Largo** FL Zip Code  
**33770**

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 DATE **11/18/05**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2008, Fee will be \$300.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PECKHAM, DAVID 259 TEMPLE LANE LARGO, FL 33770 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President/Owner Dave Peckham 95 E. Overbrook St. Largo, FL 33770 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>600061663616</b> <b>11/23/05--01021--011 **158.75</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or other like empowered.

SIGNATURE: **DAVID Peckham** **11/18/05** **584-8572**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #