## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Feb 11, 2008 08:00 Al Secretary of State DOCUMENT # P01000012160 PECONIC HOLDINGS, INC. Principal Place of Business Mailing Address 131 PINTO LANE 131 PINTO LANE ORMOND BEACH FL 32174 ORMOND BEACH FL 32174 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FE! Number Applied For 02-0688879 Not Applicable Zıp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STEVENOT, ROBERT A 131 PINTO LANE Street Address (P.O. Box Number is Not Acceptable) ORMOND BEACH FL 32174 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or coth, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typod or preriod transport registered attent unit site if implicable. (NOTE: Registered Agent eignature required when reinstating) DATE FILE NOWILL FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Derete NAME STEVENOT, ROBERT A NAME STREET ADDRESS 131 PINTO LANE STREET ADDRESS CITY ST-7P ORMOND BEACH FL 32174 CITY-ST ZIP TITLE ☐ Dalete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS U000008236<u>3</u>5 CITY-ST-7IP CITY-ST-ZIP 22,150.00THILE Derete THE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TOLE Deiete HUE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes 1 furtner 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 attaching with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-08

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