## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Feb 18, 2004 8:00 am DOCUMENT # P01000026338 **Secretary of State** 1. Entity Name 02-18-2004 90009 021 \*\*\*150.00 PEACH'S VI, INC. Principal Place of Business Mailing Address 7315 52ND PLACE EAST 456 12TH STREET WEST **BRADENTON FL 34203 BRADENTON FL 34205** 2. Principal Place of Business 3. Mailing Address ---Suite, Apt.-#; etc:----Suite-Aot-#Feto-CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-1082589 Not Applicable Zip 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 HARRISON, HENDRICKSON E WICKMAN & WYCKOFF, P.A. Street Address (P.O. Box Number is Not Acceptable) 4909 MANATEE AVENUE WEST 1206 MANATES MUD. U **BRADENTON FL 34209** BRADENTON 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 son & Kirkland, P.A. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete Change ☐ Addition MILHAEL J. LUCIAMO LUCIANO, MICHAEL J NAME NAME 1607 86TH ST. N.W. 1508 WATER OAK W SO STREET ADDRESS STREET ADDRESS **BRADENTON FL 34209** CITY-ST-78 CITY-ST-ZIP BRADENTUN FL 34209 TITLE ☐ Delete TITLE ☐ Change Addition CYNTHIA A. LUCIANO 2006 7TH AVEW. NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP 34205 CITY-ST-ZIP BRADENTON FL TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete [7] Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

**FILED**