

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000121824

1. Entity Name
PEDRO PESCADOR, INC.



Principal Place of Business
2953 W. ENDICOTT
AVON PARK, FL 33825

Mailing Address
P O BOX 875
AVON PARK, FL 33826

FILED

07 MAY 30 AM 11:59

CLERK OF THE COURT
TALLAHASSEE, FLORIDA



05012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
90-0001340

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BENNETT, KARLA R
1104 W PLEASANT ST
AVON PARK, FL 33825

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

400102356674
14/07--01074--001 **3972.50

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SUSY, VEGA
STREET ADDRESS	2953 W ENDICOTT RD
CITY-ST-ZIP	AVON PARK, FL 33825
TITLE	SD
NAME	VEGAS, SUSY
STREET ADDRESS	2953 W ENDICOTT RD
CITY-ST-ZIP	AVON PARK, FL 33825
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 exemptions contained in Chapter 119, 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

5/23/07

Daytime Phone #