## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P02000033714**

1. Entity Name PEACHLAND REALTY, INC.

**FILED** May 06, 2004 08:00 AM Secretary of State

Principal Place of Business

2200 KINGS HWY

UNIT 1D

PORT CHARLOTTE, FL 33980

Mailing Address

2200 KINGS HWY

UNIT 1D

PORT CHARLOTTE, FL 33980



05052004

President

No Chg-P

CR2E034 (10/03)

4. FEI Number 47-0860419

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GERHARDT, PETER H 426 SAN AMBROSIO ST PUNTA GORDA, FL 33983

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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 primed name of registered agent and title if epplicable. (NOTE, Registered Agent signature required when reinstating) DATE					
FiLE NOW!!! FEE IS \$150.00 Due by September 8, 2004		Election Campaign Finance     Trust Fund Contribution,	ing 🗆	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERHARDT, PETER H 426 SAN AMBROSIO ST PUNTA GORDA, FL 33983	-		•	05/06/04-80046-013 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					<del>-</del>
12. I hereby certify that the information supplied with this filling 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.					

H. Skelault-President