

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90009 018 ***150.00

DOCUMENT # P02000044342

1. Entity Name
ABSOLUTE PEACE OF MIND, INC.



Principal Place of Business
523 BALL STREET
NEW SMYRNA BEACH, FL 32168

Mailing Address
PO BOX 1445
NEW SMYRNA BEACH, FL 32170

54036771

2. Principal Place of Business
1811 Travelers Palm
Suite, Apt. #, etc.

3. Mailing Address
5328 Grandin Rd. Ext. SW
Suite, Apt. #, etc.

City & State
Edgewater FL
Zip
32132
Country
Volusia

City & State
Roanoke, VA
Zip
24018
Country
Roanoke

04152004 Chg-P CR2E034 (10/03)

4. FEI Number
75-3050377

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCCULLOUGH, RICHARD L
1811 TRAVELOR PALM
EDGEWATER, FL 32132

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
METZKOW, LINDA
2514 AMBERLY ROAD NE
PALM BAY, FL 32905 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SOMERS, REBECCA M
1228 EDGEWATER AVENUE SOUTH
JACKSONVILLE, FL 32205 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MCCULLOUGH, RICHARD L
11811 TRAVELOR PALM
EDGEWATER, FL 32132 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/D
Metzkow, Linda
629 1/2 Ball St.
New Smyrna Beach, FL. 32168 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/T
Rebecca C Henderlite
5328 Grandin Rd Ext SW
Roanoke, VA. 24018 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/VP, S
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 all other like empowered.

SIGNATURE:

Rebecca C. Henderlite
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/04
Date

540-774-0824
Daytime Phone #

Attachment PO200004438 54036771

MEMO

To: Florida Dept. of State
From: Rebecca C. Henderlite, CFP®, CDP, CSA
Re: Absolute Peace of Mind 75-3050377 and
Perfect Peace of Mind 37-1437908
Date: April 16, 2004

Enclosed are the annual reports and checks for the two corporations noted above.
I am also enclosing a copy of my marriage license that indicates my name change.
Please let me know if you need anything further.

COMMONWEALTH OF VIRGINIA

Certified Copy of Marriage Record

54036771

Attachments 1000004838

COMMONWEALTH OF VIRGINIA MARRIAGE REGISTER

COPY A
FOR CLERK OF COURT

CIRCUIT COURT FOR THE CITY OR COUNTY OF COUNTY OF ROANOKE			CLERK'S NUMBER CML200300393
1. FULL NAME OF GROOM: (FIRST, MIDDLE, LAST) JAMES HAROLD HENDERLITE			
GROOM	2. AGE: 77	3. DATE OF BIRTH (MONTH, DAY, YEAR) 12/28/1925	4. PLACE OF BIRTH (STATE OR FOREIGN COUNTRY) VA
	5. NUMBER OF THIS MARRIAGE 2		6. MARITAL STATUS (IF PREVIOUSLY MARRIED) <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced
	7. EDUCATION (ELEMENTARY OR SECONDARY; SPECIFY HIGHEST GRADE COMPLETED (0-12)) (12)	COLLEGE (14 OR 5+) (1)	8a. USUAL RESIDENCE, STREET ADDRESS OR RT. NUMBER 5328 GRANDIN ROAD EXT.
	8b. CITY OR TOWN OF RESIDENCE ROANOKE	8c. COUNTY (IF NOT INDEPENDENT CITY) ROANOKE	8d. STATE (OR FOREIGN COUNTRY) VA
	9. NAME OF FATHER ALBERT HERMAN HENDERLITE		10. FULL MAIDEN NAME OF MOTHER THELMA CLYDE JOHNSON
	11. PRESENT NAME OF BRIDE (FIRST, MIDDLE, LAST) REBECCA CAULINE SOMERS		
BRIDE	MAIDEN SURNAME (IF DIFFERENT) MCCULLOUGH		
	12. AGE: 59	13. DATE OF BIRTH (MONTH, DAY, YEAR) 10/20/1943	14. PLACE OF BIRTH (STATE OR FOREIGN COUNTRY) NC
	15. NUMBER OF THIS MARRIAGE 2		16. MARITAL STATUS (IF PREVIOUSLY MARRIED) <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced
	17. EDUCATION (ELEMENTARY OR SECONDARY; SPECIFY HIGHEST GRADE COMPLETED (0-12)) (12)	COLLEGE (14 OR 5+) (4)	18a. USUAL RESIDENCE, STREET ADDRESS OR RT. NUMBER 5328 GRANDIN ROAD EXT.
	18b. CITY OR TOWN OF RESIDENCE ROANOKE	18c. COUNTY (IF NOT INDEPENDENT CITY) ROANOKE	18d. STATE (OR FOREIGN COUNTRY) VA
	19. NAME OF FATHER RICHARD LEROY MCCULLOUGH		20. FULL MAIDEN NAME OF MOTHER VIVIAN ROBERTA OWENSBY

MARRIAGE LICENSE	
21. TO ANY PERSON LICENSED TO PERFORM MARRIAGES: YOU ARE HEREBY AUTHORIZED TO JOIN THE ABOVE-NAMED PERSONS IN MARRIAGE UNDER PROCEDURE OUTLINED IN THE STATUTES OF THE COMMONWEALTH OF VIRGINIA	NOV 05 2003 DATE ISSUED: 10/17/2003 LICENSE EXPIRES SIXTY DAYS AFTER ABOVE DATE
SIGNATURE > <u>Kenneth M. Brooks</u> (CLERK OF COURT OR DEPUTY)	DATE RECEIVED BY CLERK OF COURT FROM OFFICIANT

TO OFFICIANT:

COMPLETE AND SIGN
CERTIFICATES ON
BOTH COPIES

RETURN BOTH COPIES
WITHIN FIVE DAYS
TO THE CLERK OF
COURT ISSUING
LICENSE

SECTION 32-1-267
CODE OF VIRGINIA

MARRIAGE CERTIFICATE			
22. DATE OF MARRIAGE (MONTH, DAY, YEAR) NOVEMBER 1, 2003	23. PLACE OF MARRIAGE (COUNTY OR INDEPENDENT CITY) Albemarle Co. VIRGINIA	24. TYPE OF CEREMONY <input type="checkbox"/> Civil <input checked="" type="checkbox"/> Religious	
25. I CERTIFY THAT I JOINED THE ABOVE-NAMED PERSONS IN MARRIAGE ON THE DATE AND AT THE PLACE SPECIFIED.		SIGNATURE OF OFFICIANT: > <u>Pastor PCUSA</u>	
TITLE OF OFFICIANT: <u>Pastor PCUSA</u>		AUTHORIZED TO PERFORM MARRIAGES BY THE CIRCUIT COURT FOR <u>Roanoke Co.</u> VIRGINIA, IN <u>2003</u>	
NAME OF OFFICIANT (TYPE OR PRINT) <u>Rev. Dr. Benjamin E. Williams</u>		NAME OF OFFICIANT (TYPE OR PRINT) <u>Rev. Dr. Benjamin E. Williams</u>	
ADDRESS OF OFFICIANT <u>412 S. Main St. Roanoke NC 27320</u>		ADDRESS OF OFFICIANT <u>412 S. Main St. Roanoke NC 27320</u>	

This is to certify that this is a true and correct reproduction or abstract of the official record filed with the Circuit Court for the County of Roanoke, Virginia.

November 5, 2003
Date Issued (Seal)

Kenneth M. Brooks
Clerk of Court Deputy Clerk

VOID IF ALTERED OR DOES NOT BEAR IMPRESSED SEAL OF COURT