

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 01, 2007 08:00 AM**  
**Secretary of State**



1st MOORE CR2E034 (10/06)

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| <b>DOCUMENT # P02000045516</b><br>1. Entity Name<br>PED, INC.   |  |  |   |  |  |
| Principal Place of Business<br>5448 ATLANTIC VIEW<br>SAINT AUGUSTINE FL 32080   |  |  | Mailing Address<br>5448 ATLANTIC VIEW<br>SAINT AUGUSTINE FL 32080   |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.   |  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.   |  |  |
| City & State  |  |  | City & State  |  |  |
| Zip   |  | Country  |   | 4. FEI Number <b>01-0675637</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | Applied For<br>Not Applicable<br><b>\$8.75 Additional Fee Required</b> |   |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>DOZIER, PAUL E JR</b><br><b>5448 ATLANTIC VIEW</b><br><b>SAINT AUGUSTINE FL 32080</b>   |  |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |  |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |  |  | 9. Election Campaign Financing <b>\$5.00 May Be</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b> |  |  |
| 10. OFFICERS AND DIRECTORS  |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | PD<br>DOZIER, PAUL EDWIN III<br>5448 ATLANTIC VIEW<br>SAINT AUGUSTINE FL 32080 | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | U000000615813<br>02/07/07-80003-007 50.00<br><input type="checkbox"/> Change <input type="checkbox"/> Add                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | VD<br>DOZIER, PAUL E JR.<br>5448 ATLANTIC VIEW<br>SAINT AUGUSTINE FL 32080     | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Add   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | STD<br>DOZIER, SUSAN<br>5448 ATLANTIC VIEW<br>SAINT AUGUSTINE FL 32080         | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Add   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Add   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Add   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Add   |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Paul E. Dozier Jr.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_