

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000048646

FILED
Jun 10, 2004
Secretary of State

Entity Name: PEAK PERFORMER RESOURCES, INC.

Current Principal Place of Business:

4212 SANDY SHORES DRIVE
LUTZ, FL 33558

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 341107
TAMPA, FL 33558

New Mailing Address:

4212 SANDY SHORES DRIVE
LUTZ, FL 33558

FEI Number: 75-3052793

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: COMBS, JOSEPH
Address: 4212 SANDY SHORES DRIVE
City-St-Zip: LUTZ, FL 33558

Title: D () Delete
Name: COMBS, JOSEPH
Address: 4212 SANDY SHORES DRIVE
City-St-Zip: LUTZ, FL 33558

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: COMBS, JOSEPH
Address: 4212 SANDY SHORES DRIVE
City-St-Zip: LUTZ, FL 33558

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V () Change (X) Addition
Name: COMBS, JANE B
Address: 4212 SANDY SHORES DRIVE
City-St-Zip: LUTZ, FL 33558

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOE COMBS

P

06/10/2004

Electronic Signature of Signing Officer or Director

Date