


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90071 047 ***150.00

DOCUMENT # P02000051958	
1. Entity Name PURPLE PEACH, INC.	

Principal Place of Business 5818 NW 126TH TERRACE PARKLAND, FL 33076	Mailing Address 5818 NW 126TH TERRACE PARKLAND, FL 33076
--	--

20013704



2. Principal Place of Business 7306 N.W. 123 AVENUE	3. Mailing Address 7306 N.W. 123 AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01072005 Chg-P CR2E034 (10/03)

City & State PARKLAND, FL	City & State PARKLAND, FL
-------------------------------------	-------------------------------------

4. FEI Number 03-0446322	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

Zip 33076	Country	Zip 33076	Country
---------------------	---------	---------------------	---------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent DELMER C. GOWING III, PA 101 S.E. 6TH AVENUE DELRAY BEACH, FL 33483	
---	--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City, State, Zip	
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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
-----------------	--	------------

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORGAN, GRANT 5818 NW 126TH AVENUE PARKLAND, FL 33076 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORGAN, GRANT 7306 N.W. 123 AVENUE PARKLAND, FL 33076 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D O'GORMAN, CLIFF 5818 NW 126TH AVENUE PARKLAND, FL 33076 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P O'GORMAN, CLIFF 7306 N.W. 123 AVENUE PARKLAND, FL 33076 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SUMMERS, JENNIFER 5818 NW 126TH AVENUE PARKLAND, FL 33076 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SUMMER, JENNIFER 7306 N.W. 123 AVENUE PARKLAND, FL 33076 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO SUMMER, RONALD 5818 NW 126TH AVENUE CORAL SPRINGS, FL 33076 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/C SUMMER, RONALD 7306 N.W. 123 AVENUE PARKLAND, FL 33076 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Jennifer Summers</u>	TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: <u>Jennifer Summers</u>	Date: <u>1/11/05</u>	Daytime Phone: <u>954-277-6662</u>
------------------------------------	---	----------------------	------------------------------------