2004. GAR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000054020

1. Entity Name PEER PRODUCTIONS, INC.



FILED Apr 29, 2004 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

2575 WESTMINSTER TERRACE OVIEDO, FL 32765 2575 WESTMINSTER TERRACE OVIEDO, FL 32765

03122004 No Chg-P CR2E034 (10/03)

4. FEI Number | Applied For

5. Certificate of Status Desired

03-0444516

Not Applicable
\$8.75 Additional
Fee Required

5. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

TEAL, PATRICIA 2575 WESTMINSTER TERRACE OVIEDO, FL 32765

STREET ADDRESS CITY: ST-ZIP

DO NOT WRITE IN THIS SPACE

	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 it	applicable. (NOTE: Registered.	ogent signature	required when (einstablig)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THATCHER, MICHELLE 868 LITTLE BEND ROAD ALTAMONTE SPRINGS, FL 32714				Ummen41818	
NAME STREET ADDRESS CITY-ST-ZIP	VDTS TEAL, PATRICIA 2575 WESTMINSTER TERRACE OVIEDO, FL 32765				000000141618 04/00/04-80020-004 156.00	
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						

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.

SIGNATURE: Mr. Patricia K. Teal 4-22-04 407-366-693