


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90009 016 ***150.00

DOCUMENT # P02000080606 1. Entity Name PEACEFUL SPIRIT, INC					
Principal Place of Business 1510 ROBERTS DRIVE JACKSONVILLE BEACH, FL 32250			Mailing Address 1100 SEAGATE AVE APT. 305 NEPTUNE BEACH, FL 32266		
2. Principal Place of Business 501 D Anastasia Blvd Suite, Apt. #, etc. Suite D City & State St Augustine FL Zip 32080		3. Mailing Address 501 D Anastasia Blvd Suite, Apt. #, etc. Suite D City & State St Augustine FL Zip 32080			
Country USA		Country USA		4. FEI Number 02-0635476	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BOYLES, DIANE L 1100 SEAGATE AVE APT. 305 NEPTUNE BEACH, FL 32266			7. Name and Address of New Registered Agent Name Diane L Savard (NAME + Address Change Only) Street Address (P.O. Box Number is Not Acceptable) 1950 Powell Road City St Augustine FL Zip Code 32084		
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 Diane L Savard 4/3/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 P NAME BOYLES, DIANE L STREET ADDRESS 1100 SEAGATE AVENUE, #305 CITY-ST-ZIP NEPTUNE BEACH, FL 32266	<input type="checkbox"/> Delete		TITLE P NAME Diane L Savard STREET ADDRESS 1950 Powell Rd CITY-ST-ZIP St Augustine FL 32084	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <small>NAME Address only</small>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP Vice-President Russell L. Savard 1950 Powell Rd St Augustine FL 32084	<input type="checkbox"/> Change <input checked="" 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	
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 exemptions contained in Chapter 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: Diane L Savard Diane L. SAVARD 4/3/06 904-827-1334 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					