

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90036 015 ***150.00

DOCUMENT # P02000092515

1. Entity Name

PETERS CREATIVE EXTERIOR DESIGNS, INC.



Principal Place of Business

3343 SENLAC LANE
NORTH PORT FL 34286

Mailing Address

3343 SENLAC LANE
NORTH PORT FL 34286

2. Principal Place of Business

1125 Villaggio Circle

Suite, Apt. #, etc.

101

City & State

Sarasota, FL

Zip

34237

Country

U.S.A.

3. Mailing Address

1125 Villaggio Circle

Suite, Apt. #, etc.

101

City & State

Sarasota, FL

Zip

34237

Country

U.S.A.



1st MOORE

CR2E034 (10/04)

4. FEI Number

55-0793837

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PETERS, DAVID
3343 SENLAC LANE
NORTH PORT FL 34286

7. Name and Address of New Registered Agent

Name

Peters, David

Street Address (P.O. Box Number is Not Acceptable)

1125 Villaggio Circle #101

City

Sarasota

FL

Zip Code

34237

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/15/05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | PETER, DAVID | |
| STREET ADDRESS | 3343 SENLAC LANE | |
| CITY- ST- ZIP | NORTH PORT FL 34286 | |

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | PETERS, JENNIFER | |
| STREET ADDRESS | 3343 SENLAC LANE | |
| CITY- ST- ZIP | NORTH PORT FL 34286 | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------------|--|
| TITLE | President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Peters, DAVID | |
| STREET ADDRESS | 1125 VILLAGGIO Circle #101 | |
| CITY- ST- ZIP | Sarasota, FL 34237 | |

| | | |
|----------------|----------------------------|--|
| TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Peters, Jennifer | |
| STREET ADDRESS | 1125 Villaggio Circle #101 | |
| CITY- ST- ZIP | Sarasota, FL 34237 | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/05