


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90342 007 ***150.00

DOCUMENT # P02000104715		
1. Entity Name B. PETERS ENTERPRISES, INC.		

Principal Place of Business 56442 BRANCH ROAD ASTOR FL 32102	Mailing Address 56442 BRANCH ROAD ASTOR FL 32102
--	--

12001144



MOORE CR2E034 (11/03)

2. Principal Place of Business 3011 ASHTON RD	3. Mailing Address 3011 ASHTON RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State SARASOTA, FL	City & State SARASOTA, FL
Zip 34231	Country SARASOTA
Country SARASOTA	Zip 34231

4. FEI Number 55-0800387	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent PETERS, BOB 56442 BRANCH ROAD ASTOR FL 32102	
--	--

7. Name and Address of New Registered Agent	
Name PETERS, BOB	
Street Address (P.O. Box Number is Not Acceptable) (ADDRESS CHANGE) ONLY	
3011 ASHTON RD	
City SARASOTA	FL Zip Code 34231

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 1306 PETERS **BOB PETERS** DATE 3/28/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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 PETERS, BOB 56442 BRANCH ROAD ASTOR FL 32102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETER BOB 3011 ASHTON RD SARASOTA, FL 34231 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ADDRESS CHANGE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SOC PRITZKAU, JILLENE 56442 BRANCH ROAD ASTOR FL 32102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SOC PRITZKAU, JILLENE 3011 ASHTON RD SARASOTA, FL 34231 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ADDRESS CHANGE
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
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: 1306 PETERS **BOB PETERS** DATE 3/28/04 DAYTIME PHONE 352-303-3633

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR