## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 05, 2004 8:00 am Secretary of State DOCUMENT # P02000119493 04-05-2004 90040 003 \*\*\*150 00 1. Entity Name M.S. PETERS, INC. Principal Place of Business Mailing Address 1201 GEORGE BUSH BLVD. 1201 GEORGE BUSH BLVD. DELRAY BEACH, FL 33483 DELRAY BEACH, FL 33483 2. Principal Place of Business 3. Mailing Address 4600 N. Ocean Blvd. 4600 N. Ocean Blvd. Suite, Apt. #, etc. Suite 206 Suite Apt. #.etc. Suite 206 03182004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Boynton Beach, FL Boynton Beach, FL 57-1137050 Not Applicable <sup>Zi</sup>33435 Country Country \$8,75 Additional <sup>2</sup>33435 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name\_ Armstrong, David G. ARMSTRONG, DAVID G Street Address (P.O. Box Number is Not Acceptable) 1201 GEORGE BUSH BLVD. DELRAY BEACH, FL 33483 4600 N. Ocean Blvd., Suite 206 Boynton Beach 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. DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Defete TITLE ☐ Change PETERS, MARION S NAME NAME STREET ADDRESS 2055 S.W. 11TH CT., APT. 115 STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33445 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME BRODY, GLORIA J NAME STREET ADDRESS 1729 FLANAGAN STATION RD. STREET ADDRESS CITY-ST-ZIP WINCHESTER, KY 40391 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME PETERS, GEORGE W NAME 695 WEATHERLY LANE, NW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ATLANTA, GA 30328 TITLE ☐ Delete TITLE ☐ Change Addition PETERS, JAMES NAME NAME 561 ALLENDALE RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KEY BISCAYNE, FL 33149 CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 his 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 guiter like empowered.

**FILED** 

Daytime Phone #