


2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000119493</b>	
1. Entity Name M.S. PETERS, INC.	

Principal Place of Business 4600 N. OCEAN BLVD. STE 206 BOYNTON BEACH, FL 33435	Mailing Address 4600 N. OCEAN BLVD. STE 206 BOYNTON BEACH, FL 33435
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**DO NOT WRITE IN THIS SPACE**



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 57-1137050	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

ARMSTRONG, DAVID G  
4600 N. OCEAN BLVD. STE 206  
BOYNTON BEACH, FL 33435

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERS, MARION S. 2055 S.W. 11TH CT., APT. 115 DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRODY, GLORIA J 1729 FLANAGAN STATION RD. WINCHESTER, KY 40391
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERS, GEORGE W 695 WEATHERLY LANE, NW ATLANTA, GA 30328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERS, JAMES 561 ALLENDALE RD. KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000355625  
05/04/05-80002-001 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 checked or on an attachment with an address with all other officers, directors, and persons.

BY: Gloria Jean Brody, President

SIGNATURE: Gloria Jean Brody, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/27/05

Date

Daytime Phone #