

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000034618

FILED  
Apr 16, 2004  
Secretary of State

Entity Name: PESCHKE ENTERPRISES, INC.

**Current Principal Place of Business:**

12832 QUINLAN AVE  
PORT CHARLOTTE AVE, FL 33981

**New Principal Place of Business:**

**Current Mailing Address:**

12832 QUINLAN AVE  
PORT CHARLOTTE AVE, FL 33981

**New Mailing Address:**

FEI Number: 43-2005898

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PESCHKE, KURT  
12832 QUINLAN AVE  
PORT CHARLOTTE AVE, FL 33981

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: PESCHKE, KURT  
Address: 12832 QUINLAN AVE  
City-St-Zip: PORT CHARLOTTE AVE, FL 33981

Title: DV ( ) Delete  
Name: PESCHKE, KAREN  
Address: 12832 QUINLAN AVE  
City-St-Zip: PORT CHARLOTTE AVE, FL 33981

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KURT PESCHKE

DP

04/16/2004

Electronic Signature of Signing Officer or Director

Date