

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90084 011 ***150.00

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DOCUMENT # P03000077193 1. Entity Name PETERS DEVELOPMENT & MANAGEMENT, INC.																									
Principal Place of Business 246 NE 6 AVE DELRAY BCH, FL 33483			Mailing Address 246 NE 6 AVE DELRAY BCH, FL 33483																						
2. Principal Place of Business 6023 LELAC RD Suite, Apt. #, etc. 1		3. Mailing Address 6023 LELAC ROAD Suite, Apt. #, etc.																							
City & State Boca Raton, FL		City & State Boca Raton, FL		4. FEI Number 90-0110125																					
Zip 33496		Country Palm Beach		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																					
6. Name and Address of Current Registered Agent PETERS, IRWIN 246 NE 6 AVE DELRAY BCH, FL 33483				7. Name and Address of New Registered Agent Name BRIAN C. TAMONEY, CPA Street Address (P.O. Box Number is Not Acceptable) 2200 N. FEDERAL HWY #218 City Boca Raton FL Zip Code 33431																					
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 DATE 4-17-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																						
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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 changed, or on an attachment with an address with all other like empowered.																									
SIGNATURE:																									
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																									
<small>Date</small>																									
<small>Daytime Phone #</small>																									