

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90153 002 ***150.00

DOCUMENT # P03000080048

1. Entity Name
PEO CONSULTANTS, INC



Principal Place of Business
8221 HALL LANE
ST AUGUSTINE, FL 32092

Mailing Address
8221 HALL LANE
ST AUGUSTINE, FL 32092

20029999



03122005 No Chg-P CR2E034 (10/03)

4. FEI Number
20-0103148

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FRONCZAK, LESLIE S
4241 BAYMEADOWS ROAD
SUITE 12
JACKSONVILLE, FL 32217

**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

Signature, typed or printed name of registered agent and title if applicable.

(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 ☐ **\$5.00** May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
HENLEY, CHARLES F III
8221 HALL LANE
ST AUGUSTINE, FL 32092

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/05
Date

904-353-8000
Daytime Phone #