

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 08, 2005 08:00 AM
Secretary of State**

DOCUMENT # P03000084504

1. Entity Name
PEACH'S MANAGEMENT, INC.



Principal Place of Business

**456 12TH STREET WEST
BRADENTON, FL 34205**

Mailing Address

**456 12TH STREET WEST
BRADENTON, FL 34205**

DO NOT WRITE IN THIS SPACE



03232005 No Chg-P CR2E034 (10/03)

4. FEI Number
20-0141967

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HARRISON, HENDRICKSON & KIRKLAND, P.A.
1206 MANTEE AVE. W.
BRADENTON, FL 34205**

**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
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
LUCIANO, MICHAEL J
1607 86TH ST. N.W.
BRADENTON, FL 34209**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
LUCIANO, CYNTHIA A
2006 7TH AVE. W.
BRADENTON, FL 34205**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000293049
04/08/05-80013-011 150.00

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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

MICHAEL J. LUCIANO

4/5/05

Date

941-744-0747

Daytime Phone #