


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90567 035 ***158.75

DOCUMENT # P03000107337		
1. Entity Name PEAK PROVIDER SERVICES, INC.		

Principal Place of Business 3505 WOODMUSE CT. HOLIDAY, FL 34691	Mailing Address 3505 WOODMUSE CT. HOLIDAY, FL 34691
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20036416



2. Principal Place of Business 5207 Turquoise Lane Suite, Apt. #, etc. Apt. # 106 City & State New Port Richey, FL Zip 34652 Country U.S.A.	3. Mailing Address 5207 Turquoise Lane Suite, Apt. #, etc. Apt. # 106 City & State New Port Richey, FL Zip 34652 Country U.S.A.
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04142005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent KOCINA, JEFFREY S 3505 WOODMUSE CT. HOLIDAY, FL 34691	
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4. FEI Number 01-0798793	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name Kocina, Jeffrey S.	
Street Address (P.O. Box Number is Not Acceptable) 5207 Turquoise Lane	
Apt. # 106	
City New Port Richey	FL Zip Code 34652

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: Jeffrey S. Kocina President DATE: 4-14-05

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	D KOCINA, JEFFREY S 3505 WOODMUSE CT. HOLIDAY, FL 34691 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATTON, ATHENA 10710 HIBISCUS DR PORT RICHEY, FL 34668 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Kocina Jeffrey S. 5207 Turquoise Ln. Apt. 106 New Port Richey FL 34652 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Jeffrey S. Kocina President DATE: 4-14-05 DAYTIME PHONE: 727-505-0459

Signature typed or printed name of signing officer or director

Date

Daytime Phone #