


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 24, 2006 8:00 am**  
**Secretary of State**

05-24-2006 90008 047 \*\*\*150.00

<b>DOCUMENT # P03000127050</b>	
1. Entity Name <b>PETE'S COLLECTIBLES, INC.</b>	

Principal Place of Business <b>2115 KENNEN DR VALRICO, FL 33594</b>	Mailing Address <b>2115 KENNEN DR VALRICO, FL 33594</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



05122006 Chg-P CR2E034 (11/05)

4. FEI Number <b>20-0704565</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>WHITT, PRESTON T III 2115 KENNEN DR VALRICO, FL 33594</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	Zip Code

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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST WHITT, PRESTON T III 2115 KENNEN DR VALRICO, FL 33594 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV WHITT, DEBBIE S 2115 KENNEN DR VALRICO, FL 33594 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 exemptions contained in Chapter 119, 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: <i>Preston T. Whitt III</i>	<i>5-26-06</i>	<i>813-681-4163</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #



**ATTACHMENT**  
**20046364**  
**Division of Corporations**

## Annual Report

Annual Report Help

Document Number  
**P03000127050**  
Business Entity Name  
**PETE'S COLLECTIBLES, INC.**

FEI Number	200704565			
FEI Number Status	Listed Above Applicable	Applied For	Not	
Certificate of Status Desired	Yes	No	\$8.75 each	
Election Campaign Financing Trust Fund Contribution	Yes	No		

### Principal Place of Business

Address 2115 KENNEN DR  
Suite, Apt. #, etc.  
City, State VALRICO, FL  
Zip Code & Country 33594

### Mailing Address

Address 2115 KENNEN DR  
Suite, Apt. #, etc.  
City, State VALRICO, FL  
Zip Code & Country 33594

### Name and Address of Registered Agent

Name (Last, First, Middle, Title) WHITT, PRESTON, T, III

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 2115 KENNEN DR  
Suite, Apt. #, etc.  
City, State VALRICO, FL  
Zip Code & Country

ATTACHMENT

200463604

33594 US

#P03000127050

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature** *Preston T. Whitt III*

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

### Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title	DPST
Name (Last, First, Middle, Title)	WHITT, PRESTON, T, III

- OR -

Entity Name to serve as  
Officer/Director

Street Address	2115 KENNEN DR
City, State	VALRICO, FL
Zip Code & Country	33594

Title	DV
Name (Last, First, Middle, Title)	WHITT, DEBBIE, S,

- OR -

Entity Name to serve as  
Officer/Director

Street Address	2115 KENNEN DR
City, State	VALRICO, FL
Zip Code & Country	33594

Title	
Name (Last, First, Middle, Title)	, , ,

ATTACHMENT 20046364

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- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle,  
Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle,  
Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle,  
Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an

# P03000127055

entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Pres.

Officer/Director Signature

*Prattas Zuchitt*

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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