

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000131834**

1. Entity Name

**PELTIER, INC.**



Principal Place of Business

**4834 LIMOGES DR.  
TALLAHASSEE FL 32308**

Mailing Address

**4834 LIMOGES DR.  
TALLAHASSEE FL 32308**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/07)

4. FEI Number

**20-0388279**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARNES AND JAMES, P.A.  
2629 BLAIR STONE RD.  
TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and the filer (applies)

(NOTE: Registered Agent signature required when not filing)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME PELTIER, KIM  
STREET ADDRESS 4834 LIMOGES DR.  
CITY-ST-ZIP TALLAHASSEE FL 32308

☐ Change ☐ Addition  
NAME U00000934545  
STREET ADDRESS 05/23/08-80036-016 150.00  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME VP  
STREET ADDRESS PELTIER, CHRISTOPHER  
CITY-ST-ZIP 4838 LIMOGES DR.  
TALLAHASSEE FL 32308

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME VP  
STREET ADDRESS PELTIER, PAMELA C  
CITY-ST-ZIP 4834 LIMOGES DR.  
TALLAHASSEE FL 32308

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Kim J. Peltier* Kim J. Peltier President

4/28/08

850/529-3270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone