


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000143305	
1. Entity Name W P PEERY, INC.	

Principal Place of Business 778 ST. JUDES DR. N LONGBOAT KEY, FL 34228	Mailing Address 778 ST. JUDES DR. N LONGBOAT KEY, FL 34228
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DO NOT WRITE IN THIS SPACE



03122006 No Chg-P CR2E034 (11/05)

4. FEI Number 57-1194018	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  PEERY, WILLIAM P 778 ST. JUDES DR. N LONGBOAT KEY, FL 34228
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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 reappointing) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PEERY, WILLIAM P 778 ST. JUDES DR. N LONGBOAT KEY, FL 34228
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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: William Peery William Peery 3/12/06 (941) 383-7450  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Official Phone #