

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000023588**

1. Entity Name  
PECADO PROPERTIES, INC.



Principal Place of Business  
1019 GOLFSIDE DR  
WINTER PARK, FL 32792

Mailing Address  
1019 GOLFSIDE DR  
WINTER PARK, FL 32792



01112008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 45-0533902	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

COLADO, RAY D  
1019 GOLFSIDE DR  
WINTER PARK, FL 32792

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

U000000816145  
02/14/08-80037-017 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	COLADO, RAY D
STREET ADDRESS	1019 GOLFSIDE DR
CITY-ST-ZIP	WINTER PARK, FL 32792

TITLE	D
NAME	PECK, THOMAS D
STREET ADDRESS	1321 LYNDAL BLVD
CITY-ST-ZIP	WINTER PARK, FL 32789

TITLE	D
NAME	COLADO, GUY D
STREET ADDRESS	327 BELIOT AVENUE
CITY-ST-ZIP	WINTER PARK, FL 32789

TITLE	D
NAME	PECK, THOMAS M
STREET ADDRESS	1321 LYNDAL AVENUE
CITY-ST-ZIP	WINTER PARK, FL 32789

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-08

Date

407-679-5081

Daytime Phone #