

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000035171	
1. Entity Name PETER DURBAN, INC.	

Principal Place of Business 3030 MORRIS STREET NORTH ST PETERSBURG, FL 33713	Mailing Address 3030 MORRIS STREET NORTH ST PETERSBURG, FL 33713
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DO NOT WRITE IN THIS SPACE



03182005 No Chg-F CR2E034 (11/05)

4. FEI Number 34-1986375	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DURBAN, PETER J
3030 MORRIS STREET NORTH
ST PETERSBURG, FL 33713

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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 file # applicable (POT); Registered Agent signature required when renewing) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	1000000473100 04/08/06-80031-013 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVSD DURBAN, PETER J 3030 MORRIS STREET NORTH ST PETERSBURG, FL 33713
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11. 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: Peter J. Durban PETER J. DURBAN 3-20-06 727-525420

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #