

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90224 037 \*\*\*150.00

<b>DOCUMENT # P04000042038</b>					
<b>1. Entity Name</b> PEMO INC.					
<b>Principal Place of Business</b> 2545 NE COACHMAN RD APT. #72 CLEARWATER, FL 33765			<b>Mailing Address</b> 2545 NE COACHMAN RD APT. #72 CLEARWATER, FL 33765		
<b>2. Principal Place of Business</b> 2545 NE COACHMAN RD Suite, Apt. #, etc. APT. 208		<b>3. Mailing Address</b> → SAME Suite, Apt. #, etc.			
<b>City &amp; State</b> CLEARWATER, FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 20-0839931	
<b>Zip</b> 33765		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  MOKROS, PETER 2545 NE COACHMAN RD APT. #72 CLEARWATER, FL 33765			<b>7. Name and Address of New Registered Agent</b> Name <u>PETER MOKROS</u> Street Address (P.O. Box Number is Not Acceptable) <u>2545 NE COACHMAN RD, APT. 208</u> City <u>CLEARWATER</u> <u>FL</u> Zip Code <u>33765</u>		
<b>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.</b> SIGNATURE: <u>Peter Mokros</u> <b>PETER MOKROS</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) <b>PRES./REG. AGENT.</b> <b>3/12/05</b>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOKROS, PETER 2545 NE COACHMAN RD, APT. #72 CLEARWATER, FL 33765	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>APT. 208</u>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>					
<b>SIGNATURE:</b> <u>Peter Mokros</u> <b>PETER MOKROS</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<b>3/12/05</b> <b>727-723-3159</b> Date Daytime Phone #			

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