

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90212 021 \*\*\*150.00

**DOCUMENT # P04000042038**

1. Entity Name  
**PEMO INC.**



Principal Place of Business  
**2545 NE COACHMAN RD  
APT. 208  
CLEARWATER, FL 33765**

Mailing Address  
**2545 NE COACHMAN RD  
APT. 208  
CLEARWATER, FL 33765**

2. Principal Place of Business - No P.O. Box #  
**5344 N. SATIN TERR**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**DUNNELLO, FL**

City & State

Zip  
**34433**

Country

Zip

Country

01082007

Chg-P

CR2E034 (12/06)

4. FEI Number  
**20-0839931**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**MOKROS, PETER  
2545 NE COACHMAN RD  
APT. 208  
CLEARWATER, FL 33765**

## 7. Name and Address of New Registered Agent

Name **PETER MOKROS**

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

**5344 N. SATIN TERRACE**

City **DUNNELLO, FL** Zip Code **34433**

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]*

**REG. AGENT  
PETER MOKROS**

**3/10/07**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

## 10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **MOKROS, PETER**  
STREET ADDRESS **2545 NE COACHMAN ROAD, APT. 208**  
CITY-ST-ZIP **CLEARWATER, FL 33765**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **5344 N. SATIN TERR**  
CITY-ST-ZIP **DUNNELLO, FL 34433**

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

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

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

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

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

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]*

**PETER MOKROS  
PRES.**

**3/10/07**

**352-563-0036**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #