


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90548 049 ***158.75

DOCUMENT # P04000078144 1. Entity Name PEGEEN COMPANY			
Principal Place of Business 12472 LAKE UNDERHILL RD 204 ORLANDO, FL 32828 US		Mailing Address 12472 LAKE UNDERHILL RD 204 ORLANDO, FL 32828 US	
2. Principal Place of Business 14733 Sweet Acacia Dr Suite, Apt. #, etc.		3. Mailing Address 14733 Sweet Acacia Dr. Suite, Apt. #, etc.	
City & State ORLANDO		City & State ORLANDO FL 32828	
Zip 32828	Country USA	Zip 32828	Country USA
4. FEI Number 201121786		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		04302005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent HYLAND, MARGARET-M 12472 LAKE UNDERHILL RD ORLANDO, FL 32828		7. Name and Address of New Registered Agent Name SAM R Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u>M. Hyland</u> MARGARET HYLAND 4/25/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME HYLAND, MARGARET M STREET ADDRESS 204-12472 LAKE UNDERHILL RD CITY-ST-ZIP ORLANDO, FL 328258	<input type="checkbox"/> Delete	TITLE 14733 Sweet Acacia Dr NAME Orlando FL 32828 STREET ADDRESS Orlando FL 32828 CITY-ST-ZIP Orlando FL 32828	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE S.T NAME FRANK, JAMES STREET ADDRESS 204-12472 LAKE UNDERHILL RD CITY-ST-ZIP ORLANDO, FL 32828	<input type="checkbox"/> Delete	TITLE 14733 Sweet Acacia Dr NAME Orlando FL 32828 STREET ADDRESS Orlando FL 32828 CITY-ST-ZIP Orlando FL 32828	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE: <u>Margaret Hyland</u> MARGARET HYLAND 4/25/05 4079282377 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			