

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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Secretary of State

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1. Entity Name

R.M. PEASLEY & ASSOCIATES, INC.



Principal Place of Business

1648 TAYLOR RD. #301
PORT ORANGE FL 32128
US

Mailing Address

1648 TAYLOR RD. #301
PORT ORANGE FL 32128
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 20-1874006

Applied For
Not Applicable

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

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEASLEY, RONALD M
1648 TAYLOR RD. #301
PORT ORANGE FL 32128

Name

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

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
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-STATE-ZIP
P PEASLEY, RONALD M 23337 C 61ST AVENUE BOCA RATON FL 33428 ☒ Delete

TITLE NAME STREET ADDRESS CITY-STATE-ZIP
P PEASLEY, RONALD M 1478 NAPPA DR PORT ORANGE FL 32128 ☒ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete

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

TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete

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

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TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Ronald M. Peasley President

1-29-07

386-767-1285

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #