

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 11, 2005 8:00 am
Secretary of State

05-11-2005 90127 029 ***150.00

DOCUMENT # P04000160384 1. Entity Name KYLE PEEPLES ASSOCIATES, INC.																											
Principal Place of Business 2204 BLOOMINGDALE AVE VALRICO FL 33594		Mailing Address 2204 BLOOMINGDALE AVE VALRICO FL 33594																									
2. Principal Place of Business 3212 Lithia Pinecrest Rd Suite, Apt. #, etc. Suite 103		3. Mailing Address P.O. Box 1065 Suite, Apt. #, etc.																									
City & State Valrico, FL		City & State Valrico, FL																									
Zip 33594	Country USA	Zip 33595	Country USA																								
4. FEI Number 59-3786211		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																											
6. Name and Address of Current Registered Agent PEEPLES, KYLE 2204 BLOOMINGDALE AVE VALRICO FL 33594		7. Name and Address of New Registered Agent Name Peeples, Kyle Street Address (P.O. Box Number is Not Acceptable) 4210 Helene PL City Valrico FL Zip Code 33594																									
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 Kyle Peeples / president-owner 4/26/05 <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 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">D</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PEEPLES, KYLE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2204 BLOOMINGDALE AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>VALRICO FL 33594</td> <td></td> </tr> </table>		TITLE	D	<input type="checkbox"/> Delete	NAME	PEEPLES, KYLE		STREET ADDRESS	2204 BLOOMINGDALE AVE		CITY-ST-ZIP	VALRICO FL 33594		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">P</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Peeples, Kyle</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4210 Helene PL</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Valrico, FL 33594</td> <td></td> </tr> </table>		TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Peeples, Kyle		STREET ADDRESS	4210 Helene PL		CITY-ST-ZIP	Valrico, FL 33594	
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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: Kyle Peeples <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/26/05 813-689-9438 <small>Date Daytime Phone #</small>																									