

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P04000168435

1. Entity Name

DONNA PETERS SERVICES INC



Principal Place of Business  
20031 HIGHLAND LAKES BLVD  
NORTH MIAMI FL 33179

Mailing Address  
20031 HIGHLAND LAKES BLVD  
NORTH MIAMI FL 33179

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

Country

6. Name and Address of Current Registered Agent  
PETERS, DONNA  
20031 HIGHLAND LAKES BLVD  
NORTH MIAMI FL 33179

4. FEI Number  
20-2011033

Applied For  
Not Applicable

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

7. Name and Address of New Registered Agent  
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 *D. Peters* DATE *April 17th 2006*

Signature, typewritten or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when modifying)

FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	20031 HIGHLAND PARKS BLVD		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI FL 33179		CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 *D. Peters* DATE *April 17th 2006*

*D. Peters*

FILED  
Jun 28, 2006 8:00 am  
Secretary of State

06-28-2006 90002 042 \*\*\*158.75

40097307

1st MOORE CR2E034 (10/05)

## ATTACHMENT

Donna Peters Services Inc.,  
20031 Highland lakes Blvd,  
North Miami, Fl. 33179.

H2097307  
#P04000168435

May 30<sup>th</sup>, 2006

Division of Corporations,  
Annual Report Section,  
P.O. box 6850,  
Tallahassee, Fl 32314.

Dear Sir/Madam,

I am writing to you to enquire about my 2006 annual report that was sent to you since April 18<sup>th</sup>. I have just received a special notice from my post office containing the remainder of an envelope that they claimed was destroyed during processing. I was unable to determine which letter it was because I only received just a small piece of the envelope bearing my address.

However when I checked my records I realize that the check I sent to you have not been cleared. I am hereby checking with your office to see if my annual report was received and my check not yet deposited or it was not received at all. I am concerned as this creates a problem for me in that I will have to pay a higher fee.

Awaiting a speedy reply.

Included is a copy of my report the original was already sent to you.

Yours Respectfully,

Donna Peters.