

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 19, 2005 8:00 am
Secretary of State

08-19-2005 90010 025 ***150.00

DOCUMENT # P04000173239

1. Entity Name
PEASLEY CONSTRUCTION, INC.



Principal Place of Business
1921 ROBERT J. CONLAN BLVD.
PALM BAY, FL 32905

Mailing Address
3765 CHEVELLE DR.
W. MELBOURNE, FL 32904

30062517



2. Principal Place of Business

3. Mailing Address

07062005 Chg-P CR2E034 (10/03)

4. FEI Number
20-2084855

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEASLEY, CARROL D
1921 ROBERT J. CONLAN BLVD.
PALM BAY, FL 32905

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

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
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME PEASLEY, CARROL D
STREET ADDRESS 3675 CHEVELLE DR.
CITY-ST-ZIP W. MELBOURNE, FL 32904

TITLE S ☐ Delete
NAME PEASLEY, CRAIG R
STREET ADDRESS 3675 CHEVELLE DR.
CITY-ST-ZIP W. MELBOURNE, FL 32904

TITLE D ☐ Delete
NAME EMERY, RICKY L
STREET ADDRESS 3675 CHEVELLE DR.
CITY-ST-ZIP W. MELBOURNE, FL 32904

TITLE D ☐ Delete
NAME PEASLEY, WILLIAM L
STREET ADDRESS 3675 CHEVELLE DR.
CITY-ST-ZIP W. MELBOURNE, FL 32904

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
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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 exemption stated in Section 19.07(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:

Craig Peasley

Craig R Peasley 8/16/05 321-684-8730

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #