

2006 FOR PROFIT CORPORATION ANNUAL REPORT

4/14/2006-90155-008-\$150.00-\$150.00

DOCUMENT # P05000031073

1. Entity Name
PEACH'S X, INC.



FILED

06 JUN -8 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA 32301-1000



Principal Place of Business
512 12TH STREET WEST
BRADENTON, FL 34205

Mailing Address
512 12TH STREET WEST
BRADENTON, FL 34205

2. Principal Place of Business
5240 State Rd 64 East 4442 5th St West

3. Mailing Address
Suite, Apt. #, etc.

01172006 Chg-P CR2E034 (11/05)

City & State
Bradenton FL
Zip 34208 Country USA

City & State
Bradenton FL
Zip 34207 Country USA

4. FEI Number
20-3003148 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HARRISON, G. JOSEPH
1208 MANATEE AVENUE WEST
BRADENTON, FL 34205

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
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME LUCIANO, MICHAEL J
STREET ADDRESS 512 12TH STREET WEST
CITY-ST-ZIP BRADENTON, FL 34205 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE Vice President
NAME Eileen Maxham
STREET ADDRESS 7318 Leewynn Drive
CITY-ST-ZIP Sarasota FL 34240 ☐ Change ☒ Addition

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 my address, with all other the empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Luciano

4/7/06

941-739-8879

Date

Daytime Phone