2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000048797

1. Entity Name

PETER PROPER PROPERTIES, INC.



FILED

Apr 27, 2007 8:00 am Secretary of State

04-27-2007 90224 013 ***150.00

Principal Place of Business Mailing Address 60042988 2400 S OCEAN DRIVE STE B3944 2400 S OCEAN DRIVE STE B3944 FT PIERCE, FL 34949 FT PIERCE, FL 34949 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04232007 Cha-P CR2E034 (12/06) City & State City & State 4 FEI Number Applied For 20-2724883 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ANGELOS, PETER Street Address (P.O. Box Number is Not Acceptable) 2400 S OCEAN DRIVE STE B3944 FT PIERCE, FL 34949 Zip Code City F۱ 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition NAME ANGELOS, PETER NAME 2400 S OCEAN DRIVE STE B3944 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT PIERCE, FL. 34949 CITY-ST-ZIE TITLE Delete TITLE Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY-ST-ZIP Change TITLE ☐ Dolete TITLE Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-7IP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE

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 supplied 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 from an apartiess, with all other like empowered.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Daytime Phone &

Change

☐ Addition