

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 07, 2007 8:00 am
Secretary of State

DOCUMENT # P05000089262

1. Entity Name

PEGGY E. AVERBUCH, INC.



09-07-2007 90009 001 ***150.00

09-07-2007 90009 002 *****8.75

Principal Place of Business

443 JOHNSON AVENUE
SUITE 402
CAPE CANAVERAL FL 32920

Mailing Address

443 JOHNSON AVENUE
SUITE 402
CAPE CANAVERAL FL 32920



2. Principal Place of Business - No P.O. Box #

443 Johnson Ave.

Suite, Apt. #, etc.

Suite 402

City & State

Cape Canaveral

Zip

32920

Country

Brevard

3. Mailing Address

443 Johnson Ave.

Suite, Apt. #, etc.

Suite 402

City & State

Cape Canaveral

Zip

32920

Country

Brevard

2nd MOORE

CR2E034 (4/07)

4. FEI Number

20-3034052

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEATHERFORD, WILLIAM P JR
1150 LOUISIANA AVENUE
SUITE 4
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name PEGGY AVERBUCH

Street Address (P.O. Box Number is Not Acceptable)

443 Johnson Ave., Suite 402

City

Cape Canaveral

FL

Zip Code

32920

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

Peggy E. Averbuch

9/1/07

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 5, 2007

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME AVERBUCH, PEGGY E
STREET ADDRESS 443 JOHNSON AVENUE, SUITE 402
CITY-ST-ZIP CAPE CANAVERAL FL 32920

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

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CITY-ST-ZIP

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TITLE ☐ Delete

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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

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STREET ADDRESS
CITY-ST-ZIP

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 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 an address, with all other like empowered.

SIGNATURE:

PEGGY E. AVERBUCH

Peggy E. Averbuch 9-1-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #