

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90303 001 ***900.00

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DOCUMENT # P05000128015 1. Entity Name PETERBROOKE FRANCHISING, INC.			
Principal Place of Business 2024 SAN MARCO BOULEVARD JACKSONVILLE, FL 32207		Mailing Address % ANSBACHER & MCKEEL, P.A. 1301 RIVERPLCE BLVD 2450 RIVERPLCE JACKSONVILLE, FL 32207-9047	
2. Principal Place of Business - No P.O. Box # 1301 Riverplace Blvd Suite, Apt. #, etc. Suite 1904 City & State Jacksonville, FL Zip 32207		3. Mailing Address Ansbacher & McKeel, P.A. 8818 Goodbys Executive Drive Jacksonville, Florida 32217	
4. FEI Number 20-3467224		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANSBACHER & MCKEEL, P.A. 1301 RIVERPLACE BOULEVARD SUITE 2450 JACKSONVILLE, FL 32207-9047		7. Name and Address of New Registered Agent Ansbacher & McKeel, P.A. 8818 Goodbys Executive Drive Jacksonville, Florida 32217 L 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME LOCKWOOD, PHYLLIS STREET ADDRESS 2024 SAN MARCO BOULEVARD CITY-ST-ZIP JACKSONVILLE, FL 32207	<input checked="" type="checkbox"/> Delete	TITLE D NAME Darby A. Weber STREET ADDRESS 1301 Riverplace Blvd., Suite 1904 CITY-ST-ZIP Jacksonville, FL 32207	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME GEIGER, HARRY L STREET ADDRESS 2024 SAN MARCO BOULEVARD CITY-ST-ZIP JACKSONVILLE, FL 32207	<input checked="" type="checkbox"/> Delete	TITLE D NAME Allison Behringer STREET ADDRESS 1301 Riverplace Blvd., Suite 1904 CITY-ST-ZIP Jacksonville, FL 32207	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME BEHRINGER, PETER STREET ADDRESS 2024 SAN MARCO BOULEVARD CITY-ST-ZIP JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete	TITLE DP NAME STREET ADDRESS Suite 1904 CITY-ST-ZIP Jacksonville, FL 32207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 an address, with all other like empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date _____		Daytime Phone # _____	