## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

May 19, 2008 8:00 am Secretary of State 05-19-2008 90049 001 \*\*\*750.00 DOCUMENT # P05000128015 PETERBROOKE FRANCHISING, INC. 66010926 Principal Place of Business Mailing Address 1301 RIVERPLACE BLVD ANSBACHER & MCKEEL, P.A. 8818 GOODBYS EXECUTIVE DRIVE **SUITE 1904** JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32217 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01242008 CR2E034 (12/06) City & State City & State 4. FEI Number 20-3467224 Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANSBACHER & MCKEEL, P.A. Street Address (P.O. Box Number is Not Acceptable) 8818 GOODBYS EXECUTIVE DRIVE JACKSONVILLE, FL 32217 FL 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change WEBER, DARBY A NAME NAME STREET ADDRESS 1301 RIVERPLACE BLVD., SUITE 1904 STREET ADDRESS JACKSONVILLE, FL 32207 CITY-ST-ZIP CITY-ST-ZIP TITLE D ☐ Delete ☐ Change NAME BEHRINGER, ALLISON NAME STREET ADDRESS 1301 RIVERPLACE BLVD., SUITE 1904 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE, FL 32207 Delete D ☐ Change BEHRINGER, PETER NAME NAME STREET ADDRESS 1301 RIVERPLACE BLVD., SUITE 1904 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE, FL 32207 ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 chapted, or on an attachment with any different with any different with any different producted.

CITY-ST-ZIP

NAME

changed, or on an attachment empowered.

☐ Delete

SIGNATURE: D NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

NAME

Daytime Phone #

☐ Change

**FILED** 

Applied For

Zip Code

Not Applicable

Addition

☐ Addition

Addition

Addition

☐ Addition