2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 02, 2006 8:00 am
Secretary of State
05-17-2006 90019 034 ***150.00

66022564

DOCUMENT # P05000131417

1. Entity Name
PEACOCK PRIDE FARM, INC

Principal Place of Business	Mailing Address
13708 WALDEN SHEFFIELD RD DOVER FL 33527 US	13708 WALDEN SHEFFIELD RD DOVER FL 33527 US

1st MOORE CR2E034 (10/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-3512681 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PEACOCK, JOSHUA T 13708 WALDEN SHEFFIELD RD DOVER FL 33527	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
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PEACOCK, JOSHUA T		NAME		
STREET ADDRESS	13708 WALDEN SHEFFIELD RD		STREET ADDRESS		
CITY-ST-ZIP	DOVER FL 33527		CITY-ST-ZIP		
TITLE	S/T	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PEACOCK, RONYA K		NAME		
STREET ADDRESS	13708 WALDEN SHEFFIELD RD		STREET ADDRESS		
CITY-ST-ZIP	DOVER FL 33527		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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 Section 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: ______________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

66022564

#P05000131417

To whom this may concern,

We Sincerely apologize. we were away on vacation for some time and didn't realize the urgency of this letter. Thank-you.