

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90100 030 \*\*\*150.00

**DOCUMENT # P05000155356**



1. Entity Name

FLORIDA PACIFIC FINANCIAL SERVICES  
CORPORATION

Principal Place of Business

POST OFFICE DRAWER 369  
CENTER HILL FL 33514  
US

Mailing Address

POST OFFICE DRAWER 369  
CENTER HILL FL 33514  
US

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

7276 Sherman Hills Blvd

3. Mailing Address

7276 Sherman Hills

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Brooksville, FL

City & State

Brooksville, FL

Zip

34602

Country

USA

Zip

34602

Country

USA

1st MOORE

CR2E034 (10/06)

4. FEI Number

20-3849990

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BAKER, PETER  
500 EAST KENNEDY  
SUITE 101C  
TAMPA FL 33602

7. Name and Address of New Registered Agent

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, 2007 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

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | P                      | <input type="checkbox"/> Delete |
| NAME           | PETERSON, DAVID        |                                 |
| STREET ADDRESS | POST OFFICE DRAWER 369 |                                 |
| CITY, ST, ZIP  | CENTER HILL FL 33514   |                                 |
| TITLE          | SEC                    | <input type="checkbox"/> Delete |
| NAME           | PETERSON, DEIDRA       |                                 |
| STREET ADDRESS | POST OFFICE DRAWER 369 |                                 |
| CITY, ST, ZIP  | CENTER HILL FL 33514   |                                 |
| TITLE          | TRES                   | <input type="checkbox"/> Delete |
| NAME           | PETERSON, DEIDRA       |                                 |
| STREET ADDRESS | POST OFFICE DRAWER 369 |                                 |
| CITY, ST, ZIP  | CENTER HILL FL 33514   |                                 |
| TITLE          | DIR                    | <input type="checkbox"/> Delete |
| NAME           | PETERSON, DAVID JR     |                                 |
| STREET ADDRESS | POST OFFICE DRAWER 369 |                                 |
| CITY, ST, ZIP  | CENTER HILL FL 33514   |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY, ST, ZIP  |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY, ST, ZIP  |                        |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |
|----------------|--|
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |
| STREET ADDRESS | 7276 Sherman Hills Blvd.   |
| CITY, ST, ZIP  | Brooksville, FL 34602  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |
| STREET ADDRESS |  |
| CITY, ST, ZIP  |  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |
| STREET ADDRESS |  |
| CITY, ST, ZIP  |  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |
| STREET ADDRESS |  |
| CITY, ST, ZIP  |  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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 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:

DAVID PETERSON  
PRES.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-07  
Date

5102278200  
Daytime Phone #