2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2008 8:00 am Secretary of State 05-02-2008 90158 029 ***150.00

DOCUMENT # P06000025820 1. Entity Name SMITH - PESCHKE INC.							05-02	-2008 90	158 029 *	**150	.00
Principal Place of Business Mailing Address					$\overline{\cdot}$						
6276 TIDWEI		6276 TIDWELL STREET									
NORTH PORT	r, FL 34286 US	NORTH PORT, FL 3428	NORTH PORT, FL 34286 US								
					1	Inin	<u> </u>				
2. Principal Place of Business - No P.O. Box # 3.		3. Mailing Address	Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			04302008	Chg	-P	CR2E034 (1	2/06)	
City & State		City & State	City & State		•	4. FEI Numl 20-43					olied For Applicable
34291 Country		Zip Count		try	5. Certificate of Status Desir			Desired	ired S8.75 Additional Fee Required		
0100	6. Name and Address of Current					7. Name an	d Address	of New Reg	stered Agen		
		Name									
PESCHKE, GARY 6276 TIDWELL STREET				Street Address (P.O. Box Number is Not Acceptable)							
NORTH PORT, FL 34286											
				City					FL Z	in Code	
The shows named ontity submits this statement for the number of chancing its registery.					nistarad	t accest or b	oth in the S	State of Floris		342	29/
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 renetating) DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financia Trust Fund Contribution.					\$5.0 Added	0 May Be I to Fees					
10. OFFICERS AND DIRECTORS			11.		-	ADDITIONS	S/CHANGE	S TO OFFICE	RS AND DIR		
TITLE	P PESCHKE, GARY	☐ Delete	TITLE	1					[X]	Change	☐ Addition
NAME STREET ADDRESS	6276 TIDWELL STREET			ET ADDRESS							
CITY-ST-ZIP	NORTH PORT, FL 34286		CHTY	-ST-ZIP	Nos	th F	oct.	FL	34	291	•
TITLE	VP	☐ Delete	TITLE						X	Change	Addition
NAME	SMITH, KEITH		NAM	1							
STREET ADDRESS CITY-ST-ZIP				ET AD DRESS -ST-ZIP	1).	th F	Port	FL	34	179	,
TITLE	10001111 0101,112 01200	☐ Delete	THE		VOC	14 1	0,		. 07	Channe	☐ Addition
NAME			NAM						_		
STREET ADDRESS				ET ADDRESS							
CITY-ST-ZIP	<u> </u>		-	-ST-ZIP							- Address
TITLE NAME		☐ Delete	TITLE	1					اب	Change	☐ Addition
STREET ADDRESS				ET AD DRESS							
CITY-ST-ZIP			CITY	- SI - ZIP							
TITLE		☐ Delete	TITLE	1						Change	☐ Addition
NAME STREET ADORESS			NAM	ET ADDRESS							
CITY-ST-ZIP				-ST-ZIP							
TITLE		☐ Delete	TITLE							Change	Addition
NAME			NAM			•					-
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST-ZIP							•
	certify that the information supplied with	this filing does not qualify to			tained in	n Chapter 1	19. Florida	Statutes I for	rther certify th	at the in	formation
12. I hereby certify that the information supplied with this filling 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 ceth; that i am an officer or director of the corporation or the receiver or trustee empowered to execute this received 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.											