

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000044879

1. Entity Name
PEACOCKS IN THE GARDEN INC



Principal Place of Business
**1501 W STATE ROAD 60
PLANT CITY, FL 33567 US**

Mailing Address
**1501 W STATE ROAD 60
PLANT CITY, FL 33567 US**



01172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4585514

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SMUDE, MARY T
1501 W STATE ROAD 60
PLANT CITY, FL 33567**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTR SMUDE, MARY T 1501 W STATE ROAD 60 PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC SMUDE, ARLEY 1501 W STATE ROAD 60 PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMUDE, ADRIAN 609 WOOD ROAD SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMUDE, DIEGO G 1501 W STATE ROAD 60 PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/10/08-80004-005 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-08 813-737-1692

Date

Daytime Phone #