

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

01-30-2007 90009 007 ***150.00

DOCUMENT # P06000050959 1. Entity Name PEACE MART, INC.																																																																																			
Principal Place of Business 2 SOUTH WARRINGTON RD PENSACOLA, FL 32507			Mailing Address 2 SOUTH WARRINGTON RD PENSACOLA, FL 32507																																																																																
2. Principal Place of Business - No P.O. Box #			3. Mailing Address																																																																																
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																																																
City & State			City & State																																																																																
Zip		Country		Zip																																																																															
Country		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																																																															
6. Name and Address of Current Registered Agent TRAN, CAO 2 SOUTH WARRINGTON RD PENSACOLA, FL 32507				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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____																																																																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td colspan="5"></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td colspan="5"></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td colspan="5"></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td colspan="5"></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS						CITY- ST- ZIP						TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS						CITY- ST- ZIP						TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS						CITY- ST- ZIP						TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS						CITY- ST- ZIP					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN																																																																																
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition																																																																														
STREET ADDRESS																																																																																			
CITY- ST- ZIP																																																																																			
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition																																																																														
STREET ADDRESS																																																																																			
CITY- ST- ZIP																																																																																			
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition																																																																														
STREET ADDRESS																																																																																			
CITY- ST- ZIP																																																																																			
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition																																																																														
STREET ADDRESS																																																																																			
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 changed, or on an attachment with an address, without other like empowered.																																																																																			
SIGNATURE:				1-19-07																																																																															
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #																																																																															