


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

|                                       |   |
|---------------------------------------|---|
| DOCUMENT # P06000057299               |  |
| 1. Entity Name<br>PETER THEORET, INC. |   |

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| Principal Place of Business<br>4926 HOLLY BAY WAY<br>ORLANDO, FL 32829 | Mailing Address<br>4926 HOLLY BAY WAY<br>ORLANDO, FL 32829 |
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**DO NOT WRITE IN THIS SPACE**



04132008 No Chg-P CR2E034 (11/05)

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>02-0775927                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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|--|
| 6. Name and Address of Current Registered Agent<br><br>THEORET, PETER L<br>4926 HOLLY BAY WAY<br>ORLANDO, FL 32829 |
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |   |                                |  |
|---|---|--------------------------------|--|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee will be \$550.00</b> | DEPT. OF STATE<br>9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be<br>Added to Fees | U000000912011<br>05/07/08-80063-009 150.00 |
|---|---|--------------------------------|--|

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P/D<br>THEORET, PETER L<br>4926 HOLLY BAY WAY<br>ORLANDO, FL 32829    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V/D<br>THEORET, LORRAINE B<br>4926 HOLLY BAY WAY<br>ORLANDO, FL 32829 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

**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: Peter L. Theoret PETER THEORET 17 April, 2008 407-380-0722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #