

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000079656

Entity Name: PEACON INC

FILED
Apr 02, 2007
Secretary of State

Current Principal Place of Business:

PO BOX 4459
KEY WEST, FL 33040

New Principal Place of Business:

328 PEACON LANE
KEY WEST, FL 33040

Current Mailing Address:

PO BOX 4459
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 20-5112355 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ZUELCH, CHRISTIAN M
937 FLEMING STREET
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: REPENNING, JAN RUDI
Address: 328 PEACON LANE
City-St-Zip: KEY WEST, FL 33040

Title: VP () Delete
Name: REPENNING, JAN RUDI
Address: 328 PEACON LANE
City-St-Zip: KEY WEST, FL 33040

Title: S () Delete
Name: REPENNING, JAN RUDI
Address: 328 PEACON LANE
City-St-Zip: KEY WEST, FL 33040

Title: T () Delete
Name: REPENNING, JAN RUDI
Address: 328 PEACON LANE
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAN RUDI REPENNING

P

04/02/2007

Electronic Signature of Signing Officer or Director

Date