

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90224 008 ***158.75

DOCUMENT # P06000083360 1. Entity Name PEECABOO WINDOW TINTING INC.																																																																																						
Principal Place of Business 702 SOUTH WC OWENS AVE CLEWISTON, FL 33440			Mailing Address 702 SOUTH WC OWENS AVE CLEWISTON, FL 33440																																																																																			
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																																																																																			
6. Name and Address of Current Registered Agent FUCE, LESLIE JR. 702 SOUTH WC OWENS AVE CLEWISTON, FL 33440			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																			
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 <u><i>Leslie B. Ingh</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/20/07</u>																																																																																						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																		
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>FUCE, LESLIE JR.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>702 SOUTH WC OWENS AVE CLEWISTON, FL 33440</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Delete <input checked="" type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>JOHNSON, DOROTHY</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>702 SOUTH WC OWENS AVE CLEWISTON, FL 33440</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS	FUCE, LESLIE JR.		CITY - ST - ZIP	702 SOUTH WC OWENS AVE CLEWISTON, FL 33440		TITLE	NAME	Delete <input checked="" type="checkbox"/>	STREET ADDRESS	JOHNSON, DOROTHY		CITY - ST - ZIP	702 SOUTH WC OWENS AVE CLEWISTON, FL 33440		TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS			CITY - ST - ZIP			TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS			CITY - ST - ZIP			TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS			CITY - ST - ZIP			TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS			CITY - ST - ZIP			TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS			CITY - ST - ZIP			TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS			CITY - ST - ZIP			TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS			CITY - ST - ZIP		
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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: <u><i>Leslie B. Ingh</i></u> <u>04/20/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																						

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04102007 Chg-P CR2E034 (12/06)

4. FEI Number 651086107	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	