

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90023 008 ***150.00

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1. Entity Name
PEARY ENTERPRISES, INC.



Principal Place of Business
~~17462 FRONT BEACH RD BOX 385~~
~~PANAMA CITY BEACH, FL 32413~~
119 Rosemount Court
Enterprise, AL 36330

Mailing Address
P.O. BOX 507
GENEVA, AL 36340

40055110



01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4612583

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ELLENBURG, LISA
1136 ENGLISH LN
WESTVILLE, FL 32464

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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 \$250.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PEARY, RICHARD
STREET ADDRESS	17462 FRONT BEACH RD BOX 385 119 Rosemount Ct
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413 Enterprise, AL 36330
TITLE	VP
NAME	PEARY, CHRISTA
STREET ADDRESS	17462 FRONT BEACH RD BOX 385 119 Rosemount Ct
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413 Enterprise, AL 36330
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #