


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90205 003 ***150.00

DOCUMENT # P07000027854 1. Entity Name PEACEFUL PRODUCTS, INC.					
Principal Place of Business 4702 S.W. CR 18 FT. WHITE, FL 32038			Mailing Address 4702 S.W. CR 18 FT. WHITE, FL 32038		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 412			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State FT. White, FL		4. FEI Number 26-0353710	
Zip 32038	Country USA	5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PEACE, TONYA L 4702 S.W. CR 18 FT. WHITE, FL 32038			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEACE, TONYA L 4702 S.W. CR 18 FT. WHITE, FL 32038	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP YATES, BRADFORD P SR 4702 S.W. CR 18 FT. WHITE, FL 32038	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. / DIRECTOR YATES, TONYA L PEACE 4702 SW CR 18 FORT WHITE, FL 32038	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRES. / DIRECTOR DIANE D. CHIAFAIR 304 SW SEDGEMFIELD LN FORT WHITE, FL 32038	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRES. / DIRECTOR DIANA A CHIAFAIR 4945 LEEWARD LANE FT. LAUDERDALE, FL 33312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER / DIRECTOR BRADFORD P. YATES, SR. 4702 SW CR 18 FORT WHITE, FL 32038	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary / DIRECTOR DANIEL J. CHIAFAIR 304 SW SEDGEMFIELD LANE FORT WHITE, FL 32038	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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>Tonya L Peace</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>President</u>		<u>3/13/08</u> <small>Date</small>	
(Empty)		(Empty)		<u>352.226.0558</u> <small>Daytime Phone #</small>	