

2008 FOR PROFIT CORPORATION ANNUAL REPORT

8/25/2008-90004-043-\$150.00-\$150.00

DOCUMENT # P07000124249

1. Entity Name
PEACOCK HOME SERVICES, INC.



FILED

08 SEP 15 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
207 RUSSELL STREET 207 RUSSELL STREET
ISLAMORADA, FL 33036 ISLAMORADA, FL 33036



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Subs. Apt. #, etc. Subs. Apt. #, etc.
City & State City & State
Zip Country Zip Country

P.O. BOX 1284
ISLAMORADA, FL
33036

07122008 Chg-P CR2E034 (12/08)

6. Name and Address of Current Registered Agent
JABRO, JOHN A ESO
90311 OVERSEAS HWY STE B
TAVERNIER, FL 33070

4. FEI Number Applied For
Not Applicable

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

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entry 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 reappointing) DATE _____

FILE NOW!! FEE IS \$150.00 Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D</i> <i>ROBERT M. MOTTE</i> <i>P.O. BOX 1284</i> <i>ISLAMORADA, FL 33036</i>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VP</i> <i>MARY ANNE MOTTE</i> <i>P.O. BOX 1284</i> <i>ISLAMORADA, FL 33036</i>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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: *Robert Maurice Motte* Robert Maurice Motte 8/19/08 305-664-8545

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

KS