

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000129995

FILED  
Mar 11, 2009  
Secretary of State

Entity Name: PETER'S MULTIPLE SERVICES, INC.

## Current Principal Place of Business:

5251 GOLDEN GATE PKWY  
F  
NAPLES, FL 34116

## New Principal Place of Business:

1011 WEST MAIN STREET  
UNIT 3  
IMMOKALEE, FL 34142

## Current Mailing Address:

2421 2ND AVE NE  
NAPLES, FL 34120

## New Mailing Address:

FEI Number: 26-3841305

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

HERARD, PETER  
2421 2ND AVE NE  
NAPLES, FL 34120 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: HERARD, PETER  
Address: 2421 2ND AVE NE  
City-St-Zip: NAPLES, FL 34120

Title: VP ( ) Delete  
Name: HERARD, ELISSOY  
Address: 5419 19TH PLACE SW  
City-St-Zip: NAPLES, FL 34116

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition  
Name: HERARD, PRESSOIR  
Address: 2421 2ND AVE NE  
City-St-Zip: NAPLES, FL 34120

Title: VP ( ) Change (X) Addition  
Name: HERARD, MERZILIA  
Address: 2421 2ND AVE NE  
City-St-Zip: NAPLES, FL 34120

I hereby certify that the information supplied with this filing does not qualify 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: PETER HERARD

P

03/11/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date