


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 08:00 A
Secretary of State

DOCUMENT # P93000013177		
1. Entity Name PEGAS CORPORATION		
Principal Place of Business C/O JOSEPH C. ENGLISH 2075 WEST FIRST STREET, SUITE 300 FORT MYERS, FL 33901	Mailing Address C/O JOSEPH C. ENGLISH 2075 WEST FIRST STREET, SUITE 300 FORT MYERS, FL 33901	



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0366198	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ENGLISH, JOSEPH C 2075 WEST FIRST STREET SUITE 300 FORT MYERS, FL 33901

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GASTL, PETER HECHT STR 7 INNING GERMANY, d82268
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST EIBES, MECHTHILD HECHT STR 7 INNING, GERMANY,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
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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: x *Peter Gastl* (Peter GASTL)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/15/07
Date

Daytime Phone #