


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 08:00 AM**  
**Secretary of State**

|  |  |   |  |   |   |
|--|--|---|--|---|---|
| <b>DOCUMENT # P93000078670</b><br>1. Entity Name<br><b>PETER OF FLORIDA REALTY, INC.</b>   |  |   |  |                                  |   |
| Principal Place of Business<br><b>235 BAL HARBOR BLVD<br/>PUNTA GORDA ISLES, FL 33950</b>  |  |   | Mailing Address<br><b>99 NESBIT STREET<br/>PUNTA GORDA, FL 33950 US</b>  |   |   |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |  |   | 3. Mailing Address<br>Suite, Apt. #, etc.  |   |   |
| City & State   |  |   | City & State   |   |   |
| Zip  |  | Country   |  | Zip   |   |
| Country  |  | Country   |  | 4. FEI Number<br><b>65-0448163</b>  |   |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>   |  |   |  | Applied For<br><input type="checkbox"/> Not Applicable  |   |
| <b>\$8.75 Additional Fee Required</b>  |  |   |  | 03272006 Chg-P CR2E034 (11/05)  |   |
| 6. Name and Address of Current Registered Agent<br><b>HACKETT, JACK O II<br/>99 NESBIT ST<br/>PUNTA GORDA, FL 33950</b>  |  |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |   |
| 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.  |  |   |  | FL Zip Code   |   |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |   |  |   |   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>  |  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |   |
| 10. OFFICERS AND DIRECTORS   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DPST<br>JAMES, PETER N<br>235 BAL HARBOR BLVD<br>PUNTA GORDA ISLES, FL 33950 | <input type="checkbox"/> Delete                                   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <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 <i>Peter N James</i><br>PETER N. JAMES, PRESIDENT  |  |   | Date <b>4/19/2006</b> Daytime Phone # <b>941-639-2727</b>  |   |   |