

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000042096

Entity Name: PECKERWOOD, INC.

FILED
Apr 18, 2005
Secretary of State

Current Principal Place of Business:

11361 161 ST.
JUPITER, 33 33478 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 73
PT SALERNO, FL 34992 US

New Mailing Address:

FEI Number: 65-0562736

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REMSEN, JOHN L
515 N FLAGLER DRIVE 19 FLOOR
WEST PALM BEACH, FL 33401 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: D () Delete
Name: LOWE-CONTRERAS, BILLIE
Address: 11361 161ST ST. NO.
City-St-Zip: JUPITER, FL 33478

Title: D () Delete
Name: CONTRERAS, ROBERT
Address: 11361 161ST ST. NO.
City-St-Zip: JUPITER, FL 33478

Title: T () Delete
Name: ELVIDGE, JUSTINE
Address: 801 E. OCEAN BLVD.
City-St-Zip: STUART, FL 34994

Title: S () Delete
Name: ELVIDGE, PAUL
Address: 801 E. OCEAN BLVD
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BILLIE LOWE-CONTRERAS

D

04/18/2005

Electronic Signature of Signing Officer or Director

Date