## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Feb 18, 2004 8:00 am DOCUMENT # P95000093563 **Secretary of State** 1. Entity Name 02-18-2004 90002 042 \*\*\*150.00 PEACH'S III, INC. Principal Place of Business 6057 26TH ST W 456 12TH STREET WEST **BRADENTON FL 34207 BRADENTON FL 34205** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03 Applied For 4. FEI Number City & State City & State 65-0634175 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WICKMAN & WYCKOFF PA Street Address (P.O. Box Number is Not Acceptable) 4909 MANATEE AVE W MANATEL AUE **BRADENTON FL 34209** BRADENTON 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Addition me ☐ Delete TITLE CYNTHIA A. LVCIMO LUCIANO, MICHAEL J. NAME NAME 2006 77H AVEW. STREET ADDRESS STREET ADDRESS 1508 WATER OAK WAY SOUTH **BRANDON FL 34209** CITY-ST-ZIP CITY-ST-7IP BRADENTUN, FL Delete TITLE ☐ Addition TITLE LUCIANO, MICHAEL J. LUCIANO, KRISTA L NAME 1607 52ND ST W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRANDON FL 34209** CITY-ST-ZIP BRADENTON Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C/TY-ST-7IP ☐ Delete THE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify 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 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.

**FILED**