

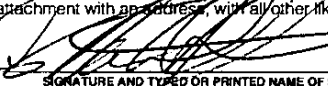


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90029 039 \*\*\*150.00

<b>DOCUMENT # P95000093563</b> 1. Entity Name <b>PEACH'S III, INC.</b>																																																																																																																																																						
Principal Place of Business <b>6057 26TH ST W. BRADENTON, FL 34207 US</b>			Mailing Address <b>456 12TH STREET WEST BRADENTON, FL 34205 US</b>																																																																																																																																																			
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																																																																																																																																																				
City & State		City & State		03232005    Chg-P    CR2E034 (10/03)																																																																																																																																																		
Zip    Country		Zip    Country		4. FEI Number <b>65-0634175</b>																																																																																																																																																		
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable																																																																																																																																																		
6. Name and Address of Current Registered Agent  <b>HARRISON, HENDRICKSON, &amp; KIRKLAND P.A. 1206 MANATEEZ AVE W. BRADENTON, FL 34205</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code																																																																																																																																																		
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 reappointing)    DATE _____																																																																																																																																																						
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																																																																				
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%; text-align: center;">Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>PVPD LUCIANO, MICHAEL J.</b></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>1508 WATER OAK WAY SOUTH BRANDON, FL 34209</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td><b>P</b></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td><b>LUCIANO, MICHAEL J</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>1607 52ND ST W</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>BRANDON, FL 34209</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td><b>ST</b></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td><b>LUCIANO, CYNTHIA A</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>2006 7TH AVE. W</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>BRADENTON, FL 34205</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 45%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%; text-align: center;">Change</td> <td style="width: 10%; text-align: center;">Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>MICHAEL J. LUCIANO</b></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>1607 86TH ST N.W. BRADENTON, FL 34209</b></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	NAME	Delete	STREET ADDRESS	<b>PVPD LUCIANO, MICHAEL J.</b>	<input checked="" type="checkbox"/>	CITY-ST-ZIP	<b>1508 WATER OAK WAY SOUTH BRANDON, FL 34209</b>		TITLE	<b>P</b>	<input type="checkbox"/>	NAME	<b>LUCIANO, MICHAEL J</b>		STREET ADDRESS	<b>1607 52ND ST W</b>		CITY-ST-ZIP	<b>BRANDON, FL 34209</b>		TITLE	<b>ST</b>	<input type="checkbox"/>	NAME	<b>LUCIANO, CYNTHIA A</b>		STREET ADDRESS	<b>2006 7TH AVE. W</b>		CITY-ST-ZIP	<b>BRADENTON, FL 34205</b>		TITLE		<input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Change	Addition	STREET ADDRESS	<b>MICHAEL J. LUCIANO</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CITY-ST-ZIP	<b>1607 86TH ST N.W. BRADENTON, FL 34209</b>			TITLE		<input type="checkbox"/>	<input type="checkbox"/>	NAME				STREET ADDRESS				CITY-ST-ZIP				TITLE		<input type="checkbox"/>	<input type="checkbox"/>	NAME				STREET ADDRESS				CITY-ST-ZIP				TITLE		<input type="checkbox"/>	<input type="checkbox"/>	NAME				STREET ADDRESS				CITY-ST-ZIP				TITLE		<input type="checkbox"/>	<input type="checkbox"/>	NAME				STREET ADDRESS				CITY-ST-ZIP			
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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.																																																																																																																																																						
<b>SIGNATURE:</b>  <b>MICHAEL J. LUCIANO</b> <b>4/5/05</b> <b>941-744-0747</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>																																																																																																																																																						