


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90770 028 ***150.00

DOCUMENT # P96000017207	
1. Entity Name PELIOAK, INC.	

Principal Place of Business 2610 MONTEGO BAY BOULEVARD KISSIMMEE FL 34746	Mailing Address 2610 MONTEGO BAY BOULEVARD KISSIMMEE FL 34746
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14018223



MOORE CR2E034 (11/03)

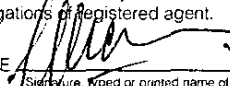
2. Principal Place of Business 1503 EAGLES LANDING COURT	3. Mailing Address 1503 EAGLES LANDING COURT
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State KISSIMMEE FL	City & State KISSIMMEE FL
Zip 34744	Country USA
Zip 34744	Country USA

4. FEI Number 59-3363744	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 MANN, GEOFFREY H 2610 MONTEGO BAY BLVD KISSIMMEE FL 34746	
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7. Name and Address of New Registered Agent Name GEOFFREY H MANN Street Address (P.O. Box Number is Not Acceptable) 1503 EAGLES LANDING COURT City KISSIMMEE FL Zip Code 34744	
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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  GEOFFREY H MANN DATE 4/28/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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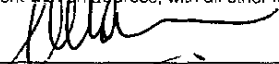
FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MANN, GEOFFREY H 2610 MONTEGO BAY BOULEVARD KISSIMMEE FL 34746 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MANN, VERA MAE 2610 MONTEGO BAY BOULEVARD KISSIMMEE FL 34746 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT, S.D. GEOFFREY H MANN 1503 EAGLES LANDING COURT KISSIMMEE FL 34744 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT, T.D. VERA MAE MANN 1503 EAGLES LANDING COURT KISSIMMEE FL 34744 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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 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.

SIGNATURE: 	MAILED 4/29/04	4/29/04	407 396 4039
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #