# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 08, 2007**
**Secretary of State**

DOCUMENT# P96000099579

**Entity Name:** PETE'S PATIO & FURNITURE OUTLET, INC.

**Current Principal Place of Business:**

3031 PLACIDE RD., STE. 11 & 12
ENGLEWOOD, FL 34224

**New Principal Place of Business:**

3031 PLACIDA RD., STE. 11 & 12
ENGLEWOOD, FL 34224

**Current Mailing Address:**

3031 PLACIDE RD., STE. 11 & 12
ENGLEWOOD, FL 34224

**New Mailing Address:**

3031 PLACIDA RD., STE. 11 & 12
ENGLEWOOD, FL 34224

**FEI Number: 65-0722191** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ARMBRUST, PETER
10 MEDALIST WAY
ROTANDA WEST, FL US

**Name and Address of New Registered Agent:**

ARMBRUST, PETER
10 MEDALIST WAY
ROTONDA WEST, FL 33947 US

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: _____ 01/08/2007
Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete
Name: ARMBRUST, PETER G
Address: 3031 PLACIDE RD., STE. 11 & 12
City-St-Zip: ENGLEWOOD, FL

Title: DVP ( ) Delete
Name: ARMBRUST, DONALD G
Address: 265 NARRAGANSETT BAY AVE.
City-St-Zip: WARWICK, RI 02889

Title: DS ( ) Delete
Name: ARMBRUST, NORMA JEAN
Address: 265 NARRAGANSETT BAY AVE.
City-St-Zip: WARWICK, RI 02889

**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: PETER G. ARMBRUST DPT 01/08/2007
Electronic Signature of Signing Officer or Director — Date