

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90274 003 ***150.00

DOCUMENT # P97000009510
 1. Entity Name
PEANUT BUTTER PRODUCTIONS, INC.



Principal Place of Business
241 FIRST AVENUE
INDIALANTIC FL 32903

Mailing Address
P.O. BOX 033271
INDIALANTIC F; 32903-0271

2. Principal Place of Business
900 CROSS LAKE DR.

3. Mailing Address
900 CROSS LAKE DR.

Suite, Apt. #, etc.

City & State
MELBOURNE, FL.

City & State
MELBOURNE, FL.

Zip
32901-8467

Country
U.S.

Zip
32901-8467

Country
U.S.



MOORE CR2E034 (11/03)

4. FEI Number **59-3428134** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WAGNER, DANIEL C
241 FIRST AVENUE
INDIALANTIC FL 32903

7. Name and Address of New Registered Agent

Name **WAGNER, DANIEL C.**

Street Address (P.O. Box Number is Not Acceptable)
900 CROSS LAKE DR.

City **MELBOURNE, FL** Zip Code **32901-8467**

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 **DANIEL C. WAGNER** *Daniel C. Wagner* **4/8/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAGNER, DANIEL C 241 FIRST AVENUE INDIALANTIC FL 32903	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNYDER, CHRISTINE 202 HIGGINS AVENUE N.W. PALM BAY FL 32907	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAMUEL C. WAGNER 12307 MANSHIP LN. BOWIE, MD. 20715	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHELLE PEELE 6203 57TH AVE. RIVERDALE, MD. 20737	<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **DANIEL C. WAGNER** *Daniel C. Wagner* **4/8/04** **321-723-9312**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #