

**2006 FOR PROFIT CORPORATE  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90157 012 \*\*\*158.75

**DOCUMENT # P97000009510**

1. Entity Name

PEANUT BUTTER PRODUCTIONS, INC.

Principal Place of Business

900 CROSS LAKE DR.  
MELBOURNE FL 32901-8407  
US

Mailing Address

900 CROSS LAKE DR.  
MELBOURNE FL 32901-8407  
US

0009315



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

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  
900 CROSS LAKE DR.  
MELBOURNE FL 32901-8467

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature: typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when submitting)

DATE

**FILE NOW!!! FEE IS \$150.00.**

**After May 1, 2006 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  
900 CROSS LAKE DR  
MELBOURNE FL 32901

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

SNYDER, CHRISTINE  
202 HIGGINS AVENUE N.W.  
PALM BAY FL 32907

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

WAGNER, SAMUEL C  
12307 MANSHIP LN.  
BOWIE MD 20715

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

PEELE, MICHELLE  
6203 57TH AVE.  
RIVERDALE MD 20737

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☒ Change

☐ Addition

TITLE

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STREET ADDRESS

CITY - ST - ZIP

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TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Change

☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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** 3/29/06 321-723-9312  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #