

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000013551

Entity Name: JIM PEAKS, INC.

**FILED**  
**Feb 22, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2949 POSPISIL AVE  
PALM BAY, FL 32905

**New Principal Place of Business:**

**Current Mailing Address:**

2949 POSPISIL AVE  
PALM BAY, FL 32905

**New Mailing Address:**

FEI Number: 65-0752257

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PEAKS, JIM  
2949 POSPISIL AVE  
PALM BAY, FL 32905 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: PEAKS, JAMES E  
Address: 2949 POSPISIL AVE  
City-St-Zip: PALM BAY, FL 32905

Title: D  
Name: PEAKS, RICHARD  
Address: 439 AVITION STREET  
City-St-Zip: PALM BAY, FL 32905

Title: D  
Name: PEAKS, JAMES EJ  
Address: 2191 GRANVILLE ST  
City-St-Zip: PALM BAY, FL 32907

I hereby 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 all other like empowered.

SIGNATURE: JIM PEAKS

D

02/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date