2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 19, 2005 8:00 am Secretary of State

| ANNUAL REPORT | | | | | | 01-19-2005 90003 025 ***150.00 | | | |
|---|--|----------------------------------|---|---|-----------------------|--------------------------------|---|---------------------------|--|
| DOCUMENT # P97000018693 1. Entity Name PETESY, INC. | | | | | | or 15 2 005 5 | 0005 0 2 5 150. | | |
| Principal Plac | e of Business | | | 7 | | | | | |
| Principal Place of Business Mailing Address 4415 SOUTHEAST 20TH PLACE 4415 SOUTHEAST 20TH PLA | | | | | | | *0000 | A 0 A | |
| CAPE CORAL, FL 33904 CAPE CORAL, FL 33904 | | | | | İ | | 50003 | 486 | |
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| Lo Maria Adday | | | | | | | | | |
| 2. Principal Place of Business 3458 HANCOCK BRIDGE PKWY 3458 HANCOCK BRIDGE PKWY 3458 HANCOCK BRIDGE | | | | E PKWY | | E (11)) (21) (21) (21) (31) | II es iai iibei ibbia aiilu ibida ii | | |
| Suite, Apt. | | Suite, Apt. #, etc. | | | | Chg-P | CR2E034 (10/03) | - 12 | |
| City & Stat | MYERS, FL | N. Fr. MYSAS, FL | | | 4. FEI Numb 65-074 | | ├ | plied For t Applicable | |
| Zip 3394 | 3903 33903 | | Country | / | | of Status Desired | Fee Require | | |
| | 6. Name and Address of Current | | 7. Name and Address of New Registered Agent | | | | | | |
| Name J | | | | | | SCOTT LANGSTON | | | |
| LANGSTON, JOE V 4415 SE 20TH PL CARE CORAL EL 22004 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| CAPE CORAL, FL 33904 | | | | 3458 HANCOCK BRIDGE PULLY, #164 City N. FT. MYSES FL Zip Code 33903 | | | | | |
| | | | | City N. F. | T. MYERS | 5 | FL Zip Code | 903 | |
| 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 jegistyred agent. | | | | | | | | | |
| SIGNATURE Sphalare, typed or printed name of registered agent and title of applicable. (NOTE: Registered Agent signature required when renstating) DATE | | | | | | | | | |
| | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees | | | | | | | | | |
| 10. | OFFICERS AND | DIRECTORS | 11, | | ADDITIONS | CHANGES TO OFF | ICERS AND DIRECTORS | S IN 11 | |
| TITLE | SD | Delete | TITLE | | 7,551110,10 | 011/102010 011 | Change | ☐ Addition | |
| NAME | LANGSTON, LAVINIA H | | | | | | F | | |
| STREET ADDRESS | · · | | | ADDRESS | | | | i | |
| CITY-ST-ZIP | CAPE CORAL, FL 33904 | | | 1-ZIP | | | | | |
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| NAME | LANGSTON, J SCOTT | | | 2 | ANGSTON | J, V. Seo | PART | #114 | |
| STREET ADDRESS City-St-Zip | | | | ADDRESS 3 | 458 HAN | SCOCIL BRID | 77 PKW7, UN 33903 | 7 167 | |
| | N. FORT MYERS, FL 33903 | CITY-S | 1- LF 10 c | | 15, 12 | | | | |
| NAME | PD LANGSTON, JOE V | _ Delete | TITLE | ŀ | - | | L_J Change _ | | |
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| CITY-ST-ZIP | CAPE CORAL, FL 33904 | | CITY-S | T-25P | | | | - | |
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| STREET ADDRESS CITY-ST-ZIP | 1 | | CITY-SI | ADDRESS (T-ZIP | | - | - | - | |
| | certify that the information supplied with | this filing does not qualify for | | | Section 119 07/21 | i) Florida Stotuton | I further cortifu that the in | formation | |
| 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 he 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 attachpertrynth an officers, with all other like empowered. | | | | | | | | | |
| SIGNATURE: J. Scott Law65700 1/14/05 (239) 656-0233 | | | | | | | | | |
| | PORUMENTE AND CITED ON P | rooms OF SIMMING OFFICER (| on DIRECTO | П | | Digite . | Daytime Phone # | i | |