
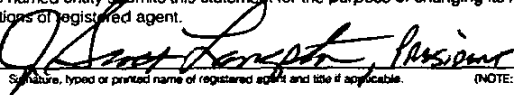
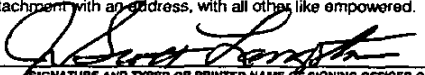


FILED
Jan 19, 2005 8:00 am
Secretary of State

01-19-2005 90003 025 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

| | | | |
|--|--|---|--|
| DOCUMENT # P97000018693 | |  | |
| 1. Entity Name PETESY, INC. | | | |
| Principal Place of Business 4415 SOUTHEAST 20TH PLACE CAPE CORAL, FL 33904 | | Mailing Address 4415 SOUTHEAST 20TH PLACE CAPE CORAL, FL 33904 | |
| 2. Principal Place of Business 3458 HANCOCK BRIDGE PKWY Suite, Apt. #, etc. #164 | | 3. Mailing Address 3458 HANCOCK BRIDGE PKWY Suite, Apt. #, etc. #164 | |
| City & State N. FT. MYERS, FL | | City & State N. FT. MYERS, FL | |
| Zip 33903 | | Zip 33903 | |
| Country | | Country | |
| 4. FEI Number 65-0740077 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent LANGSTON, JOE V 4415 S E 20TH PL CAPE CORAL, FL 33904 | | 7. Name and Address of New Registered Agent Name J. SCOTT LANGSTON Street Address (P.O. Box Number is Not Acceptable) 3458 HANCOCK BRIDGE PKWY, #164 City N. FT. MYERS FL Zip Code 33903 | |
| 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  DATE 1/14/05 (NOTE: Registered Agent signature required when reappointing) | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE SD <input checked="" type="checkbox"/> Delete NAME LANGSTON, LAVINIA H STREET ADDRESS 4415 SOUTHEAST 20TH PLACE CITY-ST-ZIP CAPE CORAL, FL 33904 | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE TD <input type="checkbox"/> Delete NAME LANGSTON, J SCOTT STREET ADDRESS 3458 HANCOCK BRIDGE PKWY UNIT #164 CITY-ST-ZIP N. FORT MYERS, FL 33903 | | TITLE P/T/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME LANGSTON, J. SCOTT STREET ADDRESS 3458 HANCOCK BRIDGE PKWY, UNIT #164 CITY-ST-ZIP N. FT. MYERS, FL 33903 | |
| TITLE PD <input checked="" type="checkbox"/> Delete NAME LANGSTON, JOE V STREET ADDRESS 4415 SE 20TH PLACE CITY-ST-ZIP CAPE CORAL, FL 33904 | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | |
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| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | |
| 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 others like empowered. | | | |
| SIGNATURE:  J. SCOTT LANGSTON | | Date 1/14/05 (239) 656-0233 | |