


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90087 030 \*\*\*150.00

<b>DOCUMENT # P97000053607</b>					
<b>1. Entity Name</b> <b>PEERLESS REAL ESTATE SERVICES, INC.</b>					
<b>Principal Place of Business</b> <b>335 BOCA CIEGA PT. BLVD</b> <b>MADEIRA BEACH, FL 33708</b>			<b>Mailing Address</b> <b>335 BOCA CIEGA PT. BLVD.</b> <b>MADEIRA BEACH, FL 33708</b>		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> <i>1885 Shore Drive So. #48</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i># 418</i>			
<b>City &amp; State</b>		<b>City &amp; State</b> <i>So. Pasadena Fl.</i>			
Zip	Country	Zip	Country	<b>4. FEI Number</b> <b>59-1655341</b>	
<i>33707</i>	<i>Pinellas</i>	<i>33707</i>	<i>Pinellas</i>	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>CONNOLLY, TIMOTHY</b> <b>335 BOCA CIEGA PT. BLVD.</b> <b>MADEIRA BEACH, FL 33708</b>			<b>7. Name and Address of New Registered Agent</b> Name: <i>Same</i> Street Address (P.O. Box Number is Not Acceptable): <i>1885 Shore Dr. So.</i> City: <i>So. Pasadena</i> <b>FL</b> Zip Code: <i>33707</i>		
<b>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.</b>					
SIGNATURE: <i>Timothy J. Connolly</i> <small>Signature, typed or printed name of registered agent and title is acceptable.</small>			DATE: <i>3/17/05</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DPT</b> <b>CONNOLLY, TIMOTHY</b> <b>2200 PARK ST N</b> <b>ST PETERSBURG, FL 33710</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DVS</b> <b>CONNOLLY, MARCIA</b> <b>2200 PARK ST N</b> <b>ST PETERSBURG, FL 33710</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> <i>Timothy J. Connolly</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: <i>3/17/05</i> (1-243 496-7149) <small>Daytime Phone #</small>		