

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 28, 2006 08:00 AM
Secretary of State**

DOCUMENT # P98000001278

1. Entity Name
**KATHRYN COLLINS PEEK, PROFESSIONAL
ASSOCIATION**



Principal Place of Business
**1301 RIVERPLACE BLVD.
STE. 1609
JACKSONVILLE, FL 32207**

Mailing Address
**1301 RIVERPLACE BLVD.
STE. 1609
JACKSONVILLE, FL 32207**



04112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3493111

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PEEK, KATHRYN C
1301 RIVERPLACE BLVD.
STE. 1609
JACKSONVILLE, FL 32207**

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PEEK, KATHRYN C
STREET ADDRESS 1301 RIVERPLACE BLVD, STE #1609
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE VSTD
NAME PEEK, EUGENE G III
STREET ADDRESS 1301 RIVERPLACE BLVD, STE #1609
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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1100000543471
05/10/06-80138-022 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EUGENE G. PEEK III

04/26/06 904/399-1609
Date Daytime Phone #