2004 FOR PROFIT CORPORATION

SIGNATURE:

FILED **ANNUAL REPORT (AR)** Feb 23, 2004 8:00 am DOCUMENT # P98000015721 = **Secretary of State** 1. Entity Name 2-23-2004 90017 034 ***150.00 PEACH'S IV, INC. Principal Place of Business Mailing Address 6383 N LOCKWOOD RIDGE SARASOTA FL 34243 456 -12TH ST. W BRADENTON FL 34205 2. Principal Place of Business 3. Mailing Address - Suite, Apt. #, etc.-Suite, Apt. #, etc. City & State City & State Applied For 4. FEI Number 65-0821413 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MRRISON, HENDRICUSON KIRKUAND, P. A. WICKMAN & WYCKOFF, P.A. Street Address (P.O. Box Number is Not Acceptable) 4909 MANATEE AVE W. 1206 MANATEL AVE **BRADENTON FL 34209** BRADENTON 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 rickson, & Korkha &, P.A. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete Change M Addition TITLE TITLE LUCIANO, MICHAEL J NAME NAME 1508 WATER OAK WAY SOUTH STREET ADDRESS STREET ADDRESS **BRADENTON FL 34209** CITY-ST-ZIP CITY-ST-ZIP ST Delete Addition TITLE TITI F NAME LUCIANO, KRISTA L NAME STREET ADDRESS 1607 52ND ST. WEST STREET ADDRESS 1607 86TH STAN **BRADENTON FL 34209** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE □ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CtTY-ST-7iP ☐ Change ☐ Delete TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 appendix 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 appears in Block 10 or Block 11 if

OF RINTED NAME OF SIGNING OFFICER OR DIRECTOR