

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000023287

**FILED**  
**Apr 10, 2009**  
**Secretary of State**

**Entity Name:** PETER SHIPPS DESIGN & CONSTRUCTION, INC.

**Current Principal Place of Business:**

5900 PAN AMERICA BLVD, SUITE 101  
NORTH PORT, FL 34287 US

**New Principal Place of Business:**

5900 PAN AMERICAN BLVD  
SUITE 104  
NORTH PORT, FL 34287 US

**Current Mailing Address:**

5900 PAN AMERICA BLVD, SUITE 101  
NORTH PORT, FL 34287 US

**New Mailing Address:**

5900 PAN AMERICAN BLVD  
SUITE 104  
NORTH PORT, FL 34287 US

**FEI Number:** 59-3504525

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHIPPS, PETER E  
13035-A TAMIAMI TRAIL  
NORTH PORT, FL 34287 US

**Name and Address of New Registered Agent:**

SHIPPS, PETER E  
5900 PAN AMERICAN BLVD.  
SUITE 104  
NORTH PORT, FL 34287 US

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.

**SIGNATURE:**

04/10/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DP ( ) Delete  
**Name:** SHIPPS, PETER  
**Address:** 5900 PAN AMERICAN BLVD STE 101  
**City-St-Zip:** NORTH PORT, FL 34287

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** DP (X) Change ( ) Addition  
**Name:** SHIPPS, PETER  
**Address:** 5900 PAN AMERICAN BLVD STE 104  
**City-St-Zip:** NORTH PORT, FL 34287

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** PETER E. SHIPPS

P

04/10/2009

Electronic Signature of Signing Officer or Director

Date