

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000056008

Entity Name: PECOM, INC.

FILED
Apr 23, 2008
Secretary of State

Current Principal Place of Business:

402 POINSETTIA AVE.
LEHIGH ACRES, FL 33936

New Principal Place of Business:

402 POINSETTIA AVE.
LEHIGH ACRES, FL 33972

Current Mailing Address:

402 POINSETTIA AVE.
LEHIGH ACRES, FL 33936

New Mailing Address:

402 POINSETTIA AVE.
LEHIGH ACRES, FL 33972

FEI Number: 65-0854710

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEEKIN, JOHN CHARLES
21202 OLEAN BLVD, STE C-2
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ECKHOFF, PETER
Address: 402 POINSETTIA AVE.
City-St-Zip: LEHIGH ACRES, FL 33936

Title: D () Delete
Name: ECKHOFF, MONIKA
Address: 402 POINSETTIA AVE.
City-St-Zip: LEHIGH ACRES, FL 33936

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ECKHOFF, PETER
Address: 402 POINSETTIA AVE.
City-St-Zip: LEHIGH ACRES, FL 33972

Title: D (X) Change () Addition
Name: ECKHOFF, MONIKA
Address: 402 POINSETTIA AVE.
City-St-Zip: LEHIGH ACRES, FL 33972

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 ECKHOFF

MR

04/23/2008

Electronic Signature of Signing Officer or Director

Date