2007 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED Apr 02, 2007 08:00 AM Secretary of State

DOCUMENT	# P98000070600
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1. Entity Name

PEERLESS DADE, INC.



Principal Place of Business

Mailing Address

15490 NW 97 AVE MIAMI, FL 33016 9471 BAYMEADOWS ROAD, STE. 106 JACKSONVILLE, FL 32256



01182007

No Chg-P

CR2E034 (11/05)

4, FEI Number 59-3539615 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOTOLAW, INC. 50 NORTH-LAURA STE 2500

JACKSONVILLE, FL 32256

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8. The above named the obligations of i		ourpose of chan	ging its registere	d office or r	egistered agent, or bot	h, in the State of Florida I am familiar wi	th, and accept
SIGNATURE Signature	e, typed or printed name of registered agent and title	el applicable	(NOTE: Registered	Agent signaturi	e required when reinstating)	DATE	
	W!!! FEE IS \$150.00 2007 Fee will be \$550.00		Campaign Finan nd Contribution.	cing	\$5.00 May Be Added to Fees	U00000684945 04/06/07-80053-003	150.00
10.	OFFICERS AND DIREC	CTORS			· · · · · · · · · · · · · · · · · · ·		

AI(O) III	2y 1, 2007 1 88 Will 50 4000100
10.	OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD HARWELL, EVERETT O 9471 BAYMEADOWS RD., SUITE 106 JACKSONVILLE, FL 32256
NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CHY-ST-ZIP	·
12 I horoby	certify that the information supplied with this filling does not qualify for the e

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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: S

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29.07

904-739-0399

Date

Daytime Phone #