


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90012 012 ***150.00

DOCUMENT # P99000050533

1. Entity Name
PEACOCKS VINYL INSTALLATION, INC.



Principal Place of Business Mailing Address
 2001B RENEE PL. 2001B RENEE PL.
 MELBOURNE, FL 32935 MELBOURNE, FL 32935

54032389



2. Principal Place of Business 3. Mailing Address
1451 Paramount Ave SE *1451 Paramount Ave SE*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

04062004 Chg-P CR2E034 (10/03)

City & State City & State
Palm Bay, FL *Palm Bay, FL*
 Zip Country Zip Country
32909 *FL* *32909* *FL*

4. FEI Number Applied For
59-3584340 Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

PEACOCK, MICHAEL W
 2001B RENEE PL.
 MELBOURNE, FL 32935

Name
 Street Address (P.O. Box Number is Not Acceptable)
1451 Paramount Ave SE
 City State Zip Code
Palm Bay *FL* *32909*

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEACOCK, MICHAEL W	NAME	<i>1451 Paramount Ave SE</i>
STREET ADDRESS	2001B RENEE PL.	STREET ADDRESS	<i>Palm Bay, FL 32909</i>
CITY-ST-ZIP	MELBOURNE, FL 32935	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		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 an address, with all other like empowered.

SIGNATURE: *Michael W. Peacock (President)* Date: *4/6/04* Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR