## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000080610

Entity Name: P.E.S. OF APOPKA, INC

Name:

Address:

City-St-Zip:

NIEVES, HAROLDO

1417 BEAR LAKE RD

ALTAMONTE SPRINGS, FL 32714

FILED Apr 29, 2009 Secretary of State

		711 01 10 1, 11 10.			
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
1417 BEAI APOPKA,	R LAKE ROAD FL 32703				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
1417 BEAI APOPKA,	R LAKE ROAD FL 32703				
FEI Number	: 59-3598869	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of (	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
1407 BEAI APOPKA, The above	FL 32703 named entity of Florida.	JS submits this statement for th	ne purpose of changing its registered	office or registered agent, or both,	
Electronic Signature of Registered Agent			Agent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( NIEVES, GUAL 1417 BEAR LA APOPKA, FL	KE ROAD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SCHUMANN, N 1278 BUNNEL		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title <sup>.</sup>	ST (	) Delete	Title <sup>.</sup>	( ) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: GUADALUPE NIEVES PRES 04/29/2009