

**FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90020 014 ***158.75

STATEMENT # P99000109286

PEQ INTERNATIONAL CORP.



Principal Place of Business
601 S. FAULKENBURG RD.
SUITE 2-4
TAMPA, FL 33619 US

Mailing Address
PO BOX 1737
BRANDON, FL 33509

2. Principal Place of Business
601 S FAULKENBURG RD
SUITE, Apt. #, etc.
SUITE 1-5

3. Mailing Address
PO BOX 1737
SUITE, Apt. #, etc.

City & State
TAMPA, FL

City & State
BRANDON, FL

Zip
33619

Country
USA

Zip
33509

Country
USA

03042004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3620944

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
GREGORY, WILLIAM P
715 SWANN AVE.
TAMPA, FL 33606

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAVALIER, LEONARD 315 EAST ROBERTSON STREET BRANDON, FL 33511	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAREY, TOM 315 E. ROBERTSON ST. BRANDON, FL 33511	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GLENN, RANDY 315 E. ROBERTSON ST. BRANDON, FL 33511	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10-

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAVALIER, LEONARD 601 S FAULKENBURG RD, SUITE 1-5 TAMPA, FL 33619	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAREY, THOMAS 601 S FAULKENBURG RD, SUITE 1-5 TAMPA, FL 33619	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GLENN, RANDY 601 S FAULKENBURG RD, SUITE 1-5 TAMPA, FL 33619	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ DATE: 03/08/04 DAYTIME PHONE #: 8136858792