2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
07-07-2005 90002 044 ***150.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. Eckel JUL 27 2005

DOCUMENT # ~~S29446~~

1. Entity Name
PEAVEY'S SUPERIOR AUTO SERVICE, INC.

Principal Place of Business	Mailing Address
206 FARNOL ST SW WINTER HAVEN, FL 33880	206 FARNOL ST SW WINTER HAVEN, FL 33880

06302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3057353
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PEAVEY, TERRELL
206 FARNOL ST SW
WINTER HAVEN, FL 33880

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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, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when name changed)

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 may be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PEAVEY, TERRELL
STREET ADDRESS	810 15TH ST SW
CITY-ST-ZIP	WINTER HAVEN, FL
TITLE	D
NAME	BODOLAY, ANGELA
STREET ADDRESS	5517 HIGHLANDS VISTA CIRCLE
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	V
NAME	ALDERMAN, JOHN
STREET ADDRESS	862 TERRACE DRIVE
CITY-ST-ZIP	EAGLE LAKE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: John Alderman John Alderman 6-30-05 (863)294-3334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #