

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # S82374**

1. Entity Name  
**PETER GREY TERHUNE PRESENTS, INC.**



Principal Place of Business  
**1353 N. COURTENAY PKWY STE Y  
MERRITT ISLAND, FL 32953 US**

Mailing Address  
**P.O. BOX 715  
CAPE CANAVERAL, FL 32920 US**



01222007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3090790**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**TERHUNE, PETER GREY  
219 SYKES POINT LANE  
MERRITT ISLAND, FL 32953**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/2/2007**  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	TERHUNE, PETER GREY
STREET ADDRESS	219 SYKES POINT LANE
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	SD
NAME	TERHUNE, CATHY ABRAM
STREET ADDRESS	219 SYKES POINT LANE
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000693735  
04/16/07-80050-023 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/2/2007**  
Date

**321-453-23**  
Daytime Phone #

**13**