2004 FOR PROFIT CORPORATION

SIGNATURE

FILED ANNUAL REPORT (AR) Feb 18, 2004 8:00 am DOCUMENT # V07750 **Secretary of State** 1. Entity Name 02-18-2004 90018 048 ***150.00 PEACH'S I, INC. Principal Place of Business Mailing Address 3201 MANATEE AVE W 456 12 STREET WEST **BRADENTON FL 34205 BRADENTON FL 34205** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State -4._EEI:Number. --City & State ---Applied For 65-0309801 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WICKMAN & WYKOFF, P.A. Street Address (P.O. Box Number is Not Acceptable) 4909 MANATEE AVENUE WEST 1206 MANATEL **BRADENTON FL 34209** BRADENTON FL 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 W 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE Delete TITLE ☐ Change Addition NAME LUCIANO, MICHAEL NAME CYNTHIA A. LUCIAMO 2006 7TH AVE W. 1508 WATER OAK WAY SOUTH STREET ADDRESS STREET ADDRESS **BRADENTON FL 34209** CiTY-ST-7IE CITY-ST-ZIP BRADEATUA FL 34205 VPD Delete Change TITLE TITLE Addition LUCIANO, KRISTA NAME NAME UCIAMO, MILHAELJ. STREET ADDRESS 1607 52ND ST. W. 1607 86TH ST 1W STREET ADDRESS **BRADENTON FL 34209** CITY-ST-ZIF CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 officers with all other like empowered.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR