


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90002 041 ***150.00

DOCUMENT # V07751 1. Entity Name PEACH'S II, INC.																																																																																																					
Principal Place of Business 5702 CORTEZ RD W BRADENTON FL 34210 US			Mailing Address 456 12TH STREET WEST BRADENTON FL 34205 US																																																																																																		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																		
City & State			City & State																																																																																																		
Zip		Country		Zip																																																																																																	
Country		Country		4. FEI Number 65-0309803 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																																																																																																	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent WICKMAN, WYCKOFF P.A 4909 MANATEE AVE W BRADENTON FL 34209																																																																																																	
7. Name and Address of New Registered Agent Name HARRISON, HENDRICKSON & KICKLAND, P.A. Street Address (P.O. Box Number is Not Acceptable) 1206 MANATEE AVE. W. City BRADENTON FL Zip Code 34205				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. Harrison, Hendrickson & Kickland, P.A. By: <i>[Signature]</i> v. P. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 2/4/04																																																																																																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State																																																																																																					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5"></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td><input checked="" type="checkbox"/> Delete</td> <td>TITLE</td> <td>NAME</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5"></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>NAME</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5"></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>NAME</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5"></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>NAME</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5"></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	STREET ADDRESS						CITY-ST-ZIP						TITLE	NAME	<input checked="" type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS						CITY-ST-ZIP						TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS						CITY-ST-ZIP						TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS						CITY-ST-ZIP						TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS						CITY-ST-ZIP					
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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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				2/4/04 Date																																																																																																	
				941-744-0747 Daytime Phone #																																																																																																	



MOORE CR2E034 (11/03)