

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90057 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

40061684



DO NOT WRITE IN THIS SPACE

03162007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0309803

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HARRISON, HENDRICKSON & KIRKLAND, P.A.
1206 MANATEE AVE W
BRADENTON, FL 34205

**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) 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 NAME STREET ADDRESS CITY - ST - ZIP	P LUCIANO, MICHAEL 1607 86TH ST N.W. BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MAXHAM, EILEEN 7318 LEEWYNN DR SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 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

Michael Luciano 4/12/07

Date

Daytime Phone #

941-739-8879