

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90066 045 \*\*\*150.00

**DOCUMENT # V27262**

1. Entity Name  
 PECO FLORIDA INVESTMENT, INC.



Principal Place of Business  
 1248 S. JOHN YOUNG PARKWAY  
 KISSIMMEE, FL 34741 US

Mailing Address  
 150 W. OAK STREET  
 KISSIMMEE, FL 34741

40052156



03232006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 59-3157936 Applied For  
 Not Applicable

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

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

SAXON, RICHARD  
 150 W. OAK STREET  
 KISSIMMEE, FL 34741

**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, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE: PTD  
 NAME: ROEMER, PETER  
 STREET ADDRESS: 9653 County rd 47  
 CITY-ST-ZIP: ROENBURG 7-2333 XA LEIBERDORP THE NETHERLANDS//, Henagar, AL

TITLE: VSD  
 NAME: ROEMER, JOKE  
 STREET ADDRESS: 2650 HAM BROWN RD.  
 CITY-ST-ZIP: KISSIMMEE, FL 34746 Henagar, AL

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
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 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

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-07-06

Date

256-657-3895

Daytime Phone #