2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # V38354

1. Entity Name
OBY C. PEADEN & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
4563 JERNIGAN RD MILTON, FL 32571 US	4563 JERNIGAN RD MILTON, FL 32571 US

02022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3118824
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CRAIN, JR. O
10555 GOODRANGE DR.
MILTON, FL 32583-8202

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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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PEADEN, OBY C.
STREET ADDRESS	4563 JERNIGAN RD.
CITY-ST-ZIP	MILTON, FL
TITLE	DST
NAME	PEADEN, LILLIE
STREET ADDRESS	4563 JERNIGAN RD.
CITY-ST-ZIP	MILTON, FL
TITLE	DP
NAME	PEADEN, KEVIN P.
STREET ADDRESS	4416 COPPERWOOD PLACE
CITY-ST-ZIP	PACE, FL 32571
TITLE	DV
NAME	PEADEN, MATTHEW B.
STREET ADDRESS	4416 COPPERWOOD PL
CITY-ST-ZIP	PACE, FL 32571
TITLE	AST
NAME	OBIE, CRAIN, JR
STREET ADDRESS	10555 GOODRANGE DRIVE
CITY-ST-ZIP	MILTON, FL 325838202
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000218491
02/07/05-80068-001 150.00

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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 OBIE CRAIN, JR, ASST SEC-TREAS. 2-2-05 850 6232125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #