


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 18, 2008 08:00 AM**  
**Secretary of State**

|  |   |
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| <b>DOCUMENT # V38354</b><br>1. Entity Name<br>OBY C. PEADEN & ASSOCIATES, INC. |  |
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| Principal Place of Business<br>4550 FOREST BREEZE COURT<br>PACE, FL 32571 US | Mailing Address<br>4550 FOREST BREEZE COURT<br>PACE, FL 32571 US |
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**DO NOT WRITE IN THIS SPACE**



02132008 No Chg-P CR2E034 (11/05)

|  |                                       |
|--|---------------------------------------|
| 4. FEI Number<br>59-3118824  | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |

6. Name and Address of Current Registered Agent

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

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

|   |  |   |
|---|--|---|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> | U00000830835<br>02/26/08-80099-025 158.75 |
|---|--|---|

10. OFFICERS AND DIRECTORS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DTP<br>PEADEN, KEVIN P.<br>4550 FOREST BREEZE CT<br>PACE, FL 32571   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVS<br>PEADEN, MATTHEW B.<br>4380 CAMEO DRIVE<br>PACE, FL 32571      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ASSS<br>OBIE CRAIN, JR.<br>10555 GOODRANGE DRIVE<br>MILTON, FL 32583 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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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 *Obie Crain Jr* **OBIE CRAIN JR**  
ASST SECRETARY 2-14-08 8506232125  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #