

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000006997

Entity Name: D.B. PERU INC.

**Current Principal Place of Business:**

440 IMPALA DR.  
NORTH FORT MYERS, FL 33917

**Current Mailing Address:**

440 IMPALA DR.  
NORTH FORT MYERS, FL 33917 US

FEI Number: 56-2315995

Certificate of Status Desired: Yes

**Name and Address of Current Registered Agent:**

BOWIE, DARLENE D  
440 IMPALA DR.  
NORTH FORT MYERS, FL 33917 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BOWIE, DARLENE  
Address        440 IMPALA DR.  
City-State-Zip: NORTH FORT MYERS FL 33917

Title            VP  
Name            PEÑA MONTEJO, RENZO  
Address        JR. CRESPO Y CASTILLO N°251, LOS OLIVOS  
City-State-Zip: LIMA 00000

Title            TREASURER, DIRECTOR  
Name            DEEMER, NANCY  
Address        440 IMPALA DR.  
City-State-Zip: NORTH FORT MYERS FL 33917

Title            DIRECTOR  
Name            ANDERSON, CINDI  
Address        3601 ALABAMA AVE.  
City-State-Zip: ST. PETERSBURG FL 33703

Title            DIRECTOR  
Name            ACHENBAUGH, NORVA  
Address        5920 SONOMA CT.  
City-State-Zip: NAPLES FL 34119

Title            DIRECTOR  
Name            MEYER, PEG  
Address        4149 WOODLAND CT  
City-State-Zip: GRAPEVINE TX 76051

Title            DIRECTOR  
Name            HAMBURGER, ROMELIA  
Address        440 IMPALA DR.  
City-State-Zip: NORTH FORT MYERS FL 33917

Title            SECRETARY, DIRECTOR  
Name            GALLOWAY, YVONNE  
Address        1343 HEIGHTS BLVD.  
City-State-Zip: HOUSTON TX 77008

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: DARLENE DIANE BOWIE

PRESIDENT

04/22/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            DEANGELIS, DONNA  
Address        440 IMPALA DR.  
City-State-Zip: NORTH FORT MYERS FL 33917