

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000002891

**Entity Name:** PEGGI S. WEGENER, ED.S., INC.

**Current Principal Place of Business:**

2950 HALCYON LANE  
SUITE 204  
JACKSONVILLE, FL 32223

**FILED**  
**Feb 24, 2015**  
**Secretary of State**  
**CC4010684888**

**Current Mailing Address:**

2950 HALCYON LANE  
SUITE 204  
JACKSONVILLE, FL 32223 US

**FEI Number:** 20-0538023

**Certificate of Status Desired:** No

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

HOWE & WILLIAMS PA CPA  
6817-601 SOUTHPOINT PARKWAY  
JACKSONVILLE, FL 32216 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            PRES  
Name            WEGENER, PEGGI S  
Address        2950 HALCYON LANE, #204  
City-State-Zip: JACKSONVILLE FL 32223

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PEGGI S. WEGENER

**PRESIDENT**

**02/24/2015**

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

\_\_\_\_\_  
Date