

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000124249

**FILED**  
**Apr 16, 2011**  
**Secretary of State**

**Entity Name:** PEACOCK HOME SERVICES, INC.

**Current Principal Place of Business:**

207 RUSSELL STREET  
ISLAMORADA, FL 33036

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1284  
ISLAMORADA, FL 33036

**New Mailing Address:**

**FEI Number:** 80-0323114

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JABRO, JOHN A ESQ  
90311 OVERSEAS HWY STE B  
TAVERNIER, FL 33070 US

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

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

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** MOTTE, ROBERT M  
**Address:** P.O. BOX 1284  
**City-St-Zip:** ISLAMORADA, FL 33036

**Title:** VP  
**Name:** MOTTE, MARY ANNE  
**Address:** P.O. BOX 1284  
**City-St-Zip:** ISLAMORADA, FL 33036

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:** ROBERT M MOTTE

P

04/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date