2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000028654

1. Entity Name
PEAK ENTERPRISES, INC.

Principal Place of Business	Mailing Address
635 SOUTH ORANGE AVE ST 8 SARASOTA, FL 34236	635 SOUTH ORANGE AVE ST 8 SARASOTA, FL 34236

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07082004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0658118
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PATTRERSON, JOHN
46 NORTH WASHINGTON BLVD
SARASOTA, FL 34236

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

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WIEDER, STEVEN
STREET ADDRESS	3925 SWIFT RD
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	PD
NAME	OECHSLIN, THOMAS
STREET ADDRESS	635 SOUTH ORANGE AVE STE 8
CITY-ST-ZIP	SARASOTA, FL
TITLE	DCEO
NAME	PETRIK, GERD
STREET ADDRESS	635 SOUTH ORANGE AVE STE 8
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	STD
NAME	NAKAMOTO, KERI
STREET ADDRESS	635 SOUTH ORANGE AVE STE 8
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	D
NAME	ROGERS, GREG
STREET ADDRESS	635 SOUTH ORANGE AVE STE 8
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/04/04-80002-005 150.00

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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: _____ 7/30/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #