## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F07000002324

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

MCGREGOR, STEVE W

KINGSLEY, MI 49649

6220 E SPARLING ROAD

( ) Delete

WESTMAN, DONN S OWNER

TRAVERSE CITY, MI 48686

4060 HOLIDAY NORTH COURT

FILED Jan 16, 2009 Secretary of State

Entity Na	me: PETEI	RSON MCGREG	OR & ASSOCIATI	ES, INC.				
Current Principal Place of Business:				New Prin	New Principal Place of Business:			
	INESS PAR SE CITY, MI							
Current Mailing Address:				New Mai	New Mailing Address:			
	INESS PAR SE CITY, MI							
FEI Number: 35-2171610 FEI Number Applied For ( )			Applied For ( )	FEI Number Not Applicable ( ) Certificate of Status Desired ( )				
Name and Address of Current Registered Agent:				Name an	Name and Address of New Registered Agent:			
1267 BÉR SUITE 200 TARPON The above	SPRINGS, I named ent e of Florida.	NE FL 34688 US	atement for the pu	irpose of changing	its register	ed office or registered agent,	or both,	
Electronic Signature of Registered Agent				nt	Date			
Election Ca	mpaign Finan	cing Trust Fund Co	ntribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	PT PETERSON 9050 COHO EMPIRE, M	DAS ROAD		Title: Name: Address: City-St-Zip:	9050 COH	(X) Change ( ) Addition N, JEFF S OWNER IODAS ROAD VII 49630		
Title: Name: Address: City-St-Zip:	D MUTH, DEN 8748 HODG KINGSLEY,			Title: Name: Address: City-St-Zip:		(X) Change ()Addition NNIS J IGE ROAD (, MI 49649		
Title:	VDS	( ) Delete		Title	VDS	(Y) Change ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

MCGREGOR, STEVE W

() Change () Addition

8089 TOWNLINE RD

KINGSLEY, MI 49649

SIGNATURE: VALERIE KORB 01/16/2009 AΑ