


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2005 8:00 am**  
**Secretary of State**

03-25-2005 90041 020 \*\*\*150.00

<b>DOCUMENT # 213542</b>			
1. Entity Name PETERSEN PROPERTIES, INC.			
Principal Place of Business 20165 HWY 27 LAKE WALES, FL 33853-2426 US		Mailing Address 20165 HWY 27 LAKE WALES, FL 33853-2426 US	
2. Principal Place of Business 4000 STATE ROAD 60 W		3. Mailing Address 4000 STATE ROAD 60 WEST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LAKE WALES FL		City & State LAKE WALES FL	
Zip 33859	Country	Zip 33859	Country
6. Name and Address of Current Registered Agent RATHBUN, NANCY W 20165 HWY 27 LAKE WALES, FL 33853		7. Name and Address of New Registered Agent Name RATHBUN, NANCY W. Street Address (P.O. Box Number is Not Acceptable) 4000 STATE ROAD 60 WEST City LAKE WALES FL Zip Code 33859	
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 <u>Nancy W. Rathbun</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KINCAID, MARSHA 410 MARIETTA STREET LAKE WALES, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RATHBUN, NANCY W 933 MANGHAM ROAD BABSON PARK, FL 33827 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Nancy W. Rathbun</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		NANCY W. RATHBUN 3/23/05 Date 863/676-1493 Daytime Phone #	

00030781



03232005 Chg-P CR2E034 (10/03)

4. FEI Number  
59-0857000  
Applied For  
Not Applicable

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