


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # 213542 1. Entity Name PETERSEN PROPERTIES, INC.	
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Principal Place of Business 4000 SR 60 W LAKE WALES, FL 33859 US	Mailing Address 4000 SR 60 W LAKE WALES, FL 33859 US
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DO NOT WRITE IN THIS SPACE



04182007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0857000	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RATHBUN, NANCY W 4000 SR 60 W LAKE WALES, FL 33859	DO NOT WRITE IN THIS SPACE
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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 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KINCAID, MARSHA 410 MARIETTA STREET LAKE WALES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RATHBUN, NANCY W 933 MANGHAM ROAD BABSON PARK, FL 33827
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

**UN0000732932
05/03/07-80065-018 150.00**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Marsha Kincaid* **4/18/07 863/676-1493**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #