


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90047 020 ***150.00

DOCUMENT # 575188 1. Entity Name PETERSON & MYERS, P.A.					
Principal Place of Business 130 E CENTRAL AVE LAKE WALES, FL 33853-4166 US			Mailing Address 130 E CENTRAL AVE LAKE WALES, FL 33853-4166 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CONNER, ROBERT C 130 EAST CENTRAL AVENUE LAKE WALES, FL 33853				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	PD MYERS, CORNEAL B JR 550 W. LAKE OTIS DR. S.E. WINTER HAVEN, FL 33880	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Myers, Corneal B Jr 2 Mountain Lake - 2300 St Rd 17 N Lake Wales, Fla. 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRANDON, JACK P 1147 N. LAKESHORE BLVD. LAKE WALES, FL 33853	<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	SD PUTNAM, THOMAS B JR. 125 LAKE OTIS RD WINTER HAVEN, FL 33884	<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	TD PUTERBAUGH, ROBERT E 6505 SUNSET RIDGE LAKELAND, FL 33803	<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	AS CONNOR, DAVIS J 116 S. LAKESHORE BLVD. LAKE WALES, FL 33853	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS/D Connor, Davis J 116 S. Lakeshore Blvd. Lake Wales, Fla. 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KNOWLTON, KEVIN C 839 HEATHERCREST LAKELAND, FL 33813	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS/D Knowlton, Kevin C 1143 E. Highland Dr. Lakeland, Fla. 33813
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				2-12-04 863-676-7611 <small>Date Daytime Phone #</small>	



Page 1 of 3

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Attachment

24011208

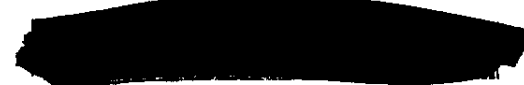


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Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CONNER, ROBERT C 130 EAST CENTRAL AVENUE LAKE WALES, FL 33853				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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TITLE	PD	<input type="checkbox"/> Delete	TITLE	AT/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MYERS, CORNEAL B JR		NAME	Johnson, Dennis P.	
STREET ADDRESS	550 W. LAKE OTIS DR. S.E.		STREET ADDRESS	1226 Brighton Way	
CITY-ST-ZIP	WINTER HAVEN, FL 33880		CITY-ST-ZIP	Lakeland, Fla. 33811	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	AT/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRANDON, JACK P		NAME	Lockwood, Douglas A. III	
STREET ADDRESS	1147 N. LAKESHORE BLVD.		STREET ADDRESS	137 Lake Otis Road SE	
CITY-ST-ZIP	LAKE WALES, FL 33853		CITY-ST-ZIP	Winter Haven, Fla. 33884	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUTNAM, THOMAS B JR.		NAME		
STREET ADDRESS	125 LAKE OTIS RD		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 33884		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUTERBAUGH, ROBERT E		NAME		
STREET ADDRESS	6505 SUNSET RIDGE		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33803		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNOR, DAVIS J		NAME		
STREET ADDRESS	116 S. LAKESHORE BLVD.		STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES, FL 33853		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOWLTON, KEVIN C		NAME		
STREET ADDRESS	839 HEATHERCREST		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33813		CITY-ST-ZIP		
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: 			Date: 2-12-04 Daytime Phone #: 863-671-7611		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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24011208



01082004 Chg-P CR2E034 (10/03)

4. FEI Number
NOT APPLICABLE

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
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		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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TITLE	PD	<input type="checkbox"/> Delete		TITLE	P/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MYERS, CORNEAL B JR			NAME	Alexander, Matthew D		
STREET ADDRESS	550 W. LAKE OTIS DR. S.E.			STREET ADDRESS	119 Wyndam Drive		
CITY-ST-ZIP	WINTER HAVEN, FL 33880			CITY-ST-ZIP	Winter Haven, Fla. 33884		
TITLE	VD	<input type="checkbox"/> Delete		TITLE	AS/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BRANDON, JACK P			NAME	Senn, Stephen R.		
STREET ADDRESS	1147 N. LAKESHORE BLVD.			STREET ADDRESS	1305 N. Ridggreen Loop		
CITY-ST-ZIP	LAKE WALES, FL 33853			CITY-ST-ZIP	Lakeland, Fla. 33809		
TITLE	SD	<input type="checkbox"/> Delete		TITLE	AS/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PUTNAM, THOMAS B JR.			NAME	Wilson, Kerry M.		
STREET ADDRESS	125 LAKE OTIS RD			STREET ADDRESS	1906 - 18th St.		
CITY-ST-ZIP	WINTER HAVEN, FL 33884			CITY-ST-ZIP	Winter Haven, Fla. 33881		
TITLE	TD	<input type="checkbox"/> Delete		TITLE	AT/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PUTERBAUGH, ROBERT E			NAME	Allen, Philip O.		
STREET ADDRESS	6505 SUNSET RIDGE			STREET ADDRESS	2208 Fairmont Ave.		
CITY-ST-ZIP	LAKELAND, FL 33803			CITY-ST-ZIP	Lakeland, Fla. 33803		
TITLE	AS	<input type="checkbox"/> Delete		TITLE	AT/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CONNOR, DAVIS J			NAME	Curtis, Clinton A.		
STREET ADDRESS	116 S. LAKESHORE BLVD.			STREET ADDRESS	1950 N. Scenic Hwy.		
CITY-ST-ZIP	LAKE WALES, FL 33853			CITY-ST-ZIP	Babson Park, Fla. 33827		
TITLE	AS	<input type="checkbox"/> Delete		TITLE	AT/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KNOWLTON, KEVIN C			NAME	Dykxhoorn, Jacob C.		
STREET ADDRESS	839 HEATHERCREST			STREET ADDRESS	1006 Hurlbut Circle		
CITY-ST-ZIP	LAKELAND, FL 33813			CITY-ST-ZIP	Lake Wales, Fla. 33898		

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