

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90426 003 \*\*\*150.00

**DOCUMENT # 677195**

1. Entity Name

J.W. PETERSON, INC.



Principal Place of Business

2238 FOWLER STREET  
C/O J. W. PETERSON  
FT. MYERS FL 33901

Mailing Address

2238 FOWLER STREET  
C/O J. W. PETERSON  
FT. MYERS FL 33901

2. Principal Place of Business

3086 FOWLER STREET

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 152122

Suite, Apt. #, etc.

City & State

Ft Myers

City & State

Cape Coral

Zip

33901

Country

LEE

Zip

33915-2122

Country

LEE

6. Name and Address of Current Registered Agent

PETERSON, J. W.  
2238 FOWLER STREET  
FT. MYERS FL 33901

Same registered  
Agent - but new  
Address

7. Name and Address of New Registered Agent

Name

Peterson, J. W.

Street Address (P.O. Box Number is Not Acceptable)

3086 FOWLER STREET

City

Ft Myers, FL 33901

FL

Zip Code

33901

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

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PETERSON, JAMES W	
STREET ADDRESS	19 NE 9TH AVE.	
CITY-ST-ZIP	CAPE CORAL FL 33909	
TITLE	S	<input type="checkbox"/> Delete
NAME	PETERSON PAULETTE	
STREET ADDRESS	19 N.E.9TH AVE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, JAMES W	
STREET ADDRESS	230 SE 9th terr	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, Paulette	
STREET ADDRESS	230 SE 9th terr	
CITY-ST-ZIP	Cape Coral, FL 33990	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

*James W Peterson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-04

Date

239-334-3376

Daytime Phone #