2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005
Secretary of State

DOCUMENT# 685939

Entity Name: DON PETERSON & ASSOCIATES, INC.

Current Principal Place of Business:

16502 W.B. PRITCHETT LN.
LUTZ, FL 33549

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1738
LUTZ, FL 33548

New Mailing Address:

FEI Number: 59-2025767 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PETERSON, H M, JR
1213 W HILLSBOROUGH AVE.
TAMPA, FL 33603 US

Name and Address of New Registered Agent:

PETERSON, H M, JR
16504 W.B. PRITCHETT LANE
LUTZ, FL 33549 US

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.

SIGNATURE: _____ 05/09/2005
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: PETERSON, H.M., JR,
Address: 16504 WB PRITCHETT LANE
City-St-Zip: LUTZ, FL

Title: T ( ) Delete
Name: PETERSON, DELORES O
Address: 16504 WB PRITCHETT LANE
City-St-Zip: LUTZ, FL 33549

Title: T ( ) Delete
Name: LIMA, LINDA
Address: 315 WOOTEN RD.
City-St-Zip: LUTZ, FL 33549

Title: S ( ) Delete
Name: LIMA, LINDA
Address: 315 WOOTEN RD
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: PETERSON, H.M., JR,
Address: 16504 WB PRITCHETT LANE
City-St-Zip: LUTZ, FL 33549

Title: P (X) Change ( ) Addition
Name: PETERSON, DELORES O
Address: 16504 WB PRITCHETT LANE
City-St-Zip: LUTZ, FL 33549

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: DELORES O. PETERSON P 05/09/2005
Electronic Signature of Signing Officer or Director — Date