

685939

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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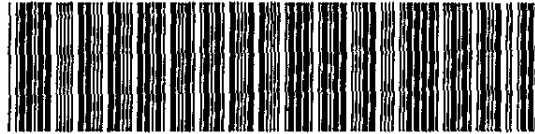
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DON PETERSON & ASSOC. INC.
(Name of Corporation)

DOCUMENT NUMBER: 685939

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

H.M. (DON) PETERSON
(Name of Contact Person)

DON PETERSON & ASSOC. INC.
(Firm/Company)

P.O. Box 1738
(Address)

LUTZ, FL. 33548-1738
(City/State and Zip Code)

For further information concerning this matter, please call:

DEE PETERSON at (813) 949-7358
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Delores Peterson hereby resign as Pres.
DELORES PETERSON (Title)
of Don Peterson & Assoc. Inc.
(Name of Corporation)

685939 a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA

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SECRETARY OF STATE

Delores Peterson
(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314