

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 09, 2007 08:00 AM
Secretary of State

DOCUMENT # F06000005170

1. Entity Name
PETERSEN-DEAN COMMERCIAL, INC.



Principal Place of Business
7980 ENTERPRISE DRIVE
NEWARK, CA 94560

Mailing Address
88 KEARNY STREET, SUITE 1818
SAN FRANCISCO, CA 94108



01292007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0130134

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ELIOTT, JAMES
50 KINDRED STREET, SUITE 107
STUART, FL 34994

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IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	PETERSEN, JAMES P
STREET ADDRESS	7980 ENTERPRISE DRIVE
CITY-ST-ZIP	NEWARK, CA 94560
TITLE	VCVP
NAME	BEEK, DAVID V
STREET ADDRESS	7980 ENTERPRISE DRIVE
CITY-ST-ZIP	NEWARK, CA 94560
TITLE	T
NAME	BEEK, DAVID V
STREET ADDRESS	7980 ENTERPRISE DRIVE
CITY-ST-ZIP	NEWARK, CA 94560
TITLE	S
NAME	HARRIS, DAVID A
STREET ADDRESS	88 KEARNY STREET, SUITE 1818
CITY-ST-ZIP	SAN FRANCISCO, CA 94108
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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 another like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/07

Date

415/393-9566

Daytime Phone #