2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004415

FILED Feb 09, 2009 Secretary of State

Entity Name: THE PETERSON INDUSTRIES OF KANSAS, INC.

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
616 E. HV SMITH CE	VY 36 ENTER, KS 66	9679592			
Current Mailing Address:			New Mailing Address:		
616 E. HV SMITH CE	VY 36 ENTER, KS 66	9679592			
FEI Numbe	r: 48-0729446	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
OCALA, F	JACKSONVILLE FL 34479 US	3	purpose of changing its register	red office or registered agent, or both,	
SIGNATU					
SIGNATO		ic Signature of Registered Ag	ent	Date	
Election Ca		g Trust Fund Contribution ().			
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANG	GES TO OFFICERS AND DIRECTORS	
Title: Name: Address:		Delete AUGHN D ADISON ST.	ADDITIONS/CHANG Title: Name: Address: City-St-Zip:	GES TO OFFICERS AND DIRECTORS () Change () Addition	
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	CHRM () PETERSON, V/ 315 NORTH M/ SMITH CENTER	Delete AUGHN D ADISON ST. R, KS 66967 Delete N E III NN ST.	Title: Name: Address:		
Title: Name: Address: City-St-Zip: Title: Name: Address:	CHRM () PETERSON, V/ 315 NORTH M/ SMITH CENTER VCHR () TILLETT, BRY/ 302 NORTH M/ SMITH CENTER	Delete AUGHN D IDISON ST. R, KS 66967 Delete IN E III IN ST. R, KS 66967 Delete Delete JRTIS	Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	CHRM () PETERSON, W 315 NORTH M SMITH CENTER VCHR () TILLETT, BRYA 302 NORTH MA SMITH CENTER VD () PETERSON, CI 318 W. HWY 3 SMITH CENTER	Delete AUGHN D ADISON ST. R, KS 66967 Delete N E III NN ST. R, KS 66967 Delete URTIS R, KS 66967 Delete URTIS Delete JANA 6	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	() Change () Addition () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: BRYAN TILLETT P 02/09/2009