

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # F96000005749

1. Entity Name
PETREY NOVELTY, INC.



Principal Place of Business
**10345 PETREY HWY
LUVERNE, AL 36049**

Mailing Address
**PO BOX 68
LUVERNE, AL 36049**



01292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 63-1038684	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331**

**DO NOT WRITE
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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**U000000813742
02/13/08-80017-012 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JACKSON, ROBERT W 3150 TINE AVE. MONTGOMERY, AL 36108
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V JACKSON, JAMES W JR 3507 THOMAS AVE. MONTGOMERY, AL 36111
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC JACKSON, JAMES W SR 609 EDGEWOOD ACRES LUVERNE, AL 36049
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PARKS, NORMAN E 345 MANCHESTER DR. MONTGOMERY, AL 36111
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 all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Norman E. Parks

1-29-08

Date

334-335-6582

Daytime Phone #