2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000005749

609 EDGEWOOD ACRES

() Delete

LUVERNE, AL 36049

PARKS, NORMAN E

345 MANCHESTER DR.

MONTGOMERY, AL 36111

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

FILED Jan 06, 2009 Secretary of State

Entity Nai	me: PETR	EY NOVELTY, INC.						
Current Principal Place of Business:				Ne	New Principal Place of Business:			
10345 PET LUVERNE	FREY HWY E, AL 36049							
Current Mailing Address:				Ne	New Mailing Address:			
10345 PETREY HWY LUVERNE, AL 36049					PO BOX 68 LUVERNE, AL 36049			
FEI Number:	: 63-1038684	FEI Number App	lied For()	FEI Number Not Applicable ()			Certificate of Status Desired ()	
Name and	l Address	of Current Register	ed Agent:	Na	ame and	Address	of New Registered Agent:	
1203 GOV STE 101	ERNORS:	NCORPORATED SQUARE BLVD 323012960 US						
	named en e of Florida		ment for the pu	rpose of ch	nanging it	ts register	ed office or registered agent, or both,	
SIGNATUR	RE:							
Electronic Signature of Registered Agent					Date			
Election Car	mpaign Finai	ncing Trust Fund Contri	bution ().					
OFFICERS AND DIRECTORS:				AI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	3150 TINE	() Delete ROBERT W AVE. IERY, AL 36108		Ad	e: me: dress: y-St-Zip:	3150 TINE	(X) Change()Addition I, ROBERT W E AVE. MERY, AL 36108	
Title: Name: Address: City-St-Zip:	3507 THO	() Delete JAMES W JR MAS AVE. IERY, AL 36111		Ade	e: me: dress: y-St-Zip:	3507 THO	(X) Change()Addition , JAMES W JR MAS AVE. MERY, AL 36111	
Title: Name:	DC JACKSON,	()Delete JAMES W SR		Titl Na	e: me:	CEO JACKSON	(X) Change()Addition , JAMES W SR	

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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

SIGNATURE: NORMAN E. PARKS S 01/06/2009

609 EDGEWOOD ACRES

() Change () Addition

LUVERNE, AL 36049