2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F97000004512

1. Entity Name

D.C.G. PETERSON BROTHERS COMPANY

Principal Place of Business	Mailing Address
PO BOX 349 SIOUX RAPIDS IA 50585	PO BOX 349 SIOUX RAPIDS IA 50585

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt #, etc.	
City & State	City & State	
Zip	Country	Zip	Country

1st MOORE   CR2E034 (10/04)

4. FEI Number   42-1334914   Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: PV NAME: PETERSON, GREG STREET ADDRESS: 1190 N. RIVER ROAD CITY-ST-ZIP: SIOUX RAPIDS IA 50585	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000220887 02/09/05--80009-013 150.00	☐ Change ☐ Addition
TITLE: ST NAME: PETERSON, CURTIS STREET ADDRESS: 111 BUENA VISTA DR CITY-ST-ZIP: GALVA IA 51020	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _Greg Peterson_   GREG PETERSON   1/27/05   712-283-2228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #