## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G91459

FILED Apr 05, 2007 Secretary of State

Entity Name: H.A. PETERSON AND SONS, INC.						
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
13012 SW MIAMI, FL	85TH AVE F 33156 U					
Current Mailing Address:			New Maili	New Mailing Address:		
13012 SW MIAMI, FL	85TH AVE F 33156 U					
FEI Number: 59-2390012 FEI Number Applied For ( ) FEI N			FEI Number Not Appl	mber Not Applicable ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
PETERSON, HAROLD A 8001 SW 101ST AVE MIAMI, FL 33173 US			13544 SW	PETERSON, SCOTT H 13544 SW 62 LANE MIAMI, FL 33183 US		
The above in the State		y submits this statement for the $\mid$	purpose of changing i	ts registered o	office or registered agent, or both,	
SIGNATUR	RE: SCOTT	H PETERSON		04/05/2007		
	Electr	onic Signature of Registered Ag	ent		Date	
Election Can	npaign Financ	ing Trust Fund Contribution ( ).				
OFFICERS	AND DIRE	CTORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P PETERSON, 13544 SW 6: MIAMI, FL 3	2 LANE	Title: Name: Address: City-St-Zip:	( )	) Change()Addition	
Title: Name: Address: City-St-Zip:	ST PETERSON, 13544 SW 6: MIAMI, FL 3	2 LANE	Title: Name: Address: City-St-Zip:	VP (X PETERSON, AI 13544 SW 62 I MIAMI, FL 331	LANE	
Title: Name: Address: City-St-Zip:	V PETERSON, 13544 SW 6: MIAMI, FL		Title: Name: Address: City-St-Zip:	( )	) Change()Addition	
Title:	С	(X) Delete	Title:	(	) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SIGNATURE: ARELIS PETERSON VΡ 04/05/2007

PETERSON, HAROLD A

8001 SW 101 AVE.

MIAMI, FL 33173

Name:

Address:

City-St-Zip: