

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000009795

1. Entity Name
PETERSON AND SONS, L.L.C.



Principal Place of Business
**1564 LILLY OAKS CIRCLE
GOTHIA, FL 34734**

Mailing Address
**1564 LILLY OAKS CIRCLE
GOTHIA, FL 34734**



03092004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3739071

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**PETERSON, JOHN O
1564 LILLY OAKS CIRCLE
GOTHIA, FL 34734**

**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 reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

U000000030305
03/17/04-80037-024 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PETERSON, JOHN O
1564 LILLY OAKS CIRCLE
GOTHIA, FL 34734**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
PETERSON JR, JOHN O
579 ALLEN HILL RD
BROOKLYN, CT 06234**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PETERSON, LARRY M
11 SOUTH 73RD AVE
PENSACOLA, FL 32506**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PETERSON, MARK A
4105 FALLWOOD CIRCLE
ORLANDO, FL 32812**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
TOPOREK, LINDA K
4108 FALLWOOD CIRCLE
ORLANDO, FL 32812**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PETERSON, KAREN S
1564 LILLY OAKS CIRCLE
GOTHIA, FL 34734**

**DO NOT WRITE
IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #