

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M65515

FILED  
Jan 10, 2004  
Secretary of State

Entity Name: PEDERSEN LATHING & PLASTERING, INC.

## Current Principal Place of Business:

792 SW GROVE AVENUE  
SUITE 106  
PORT SAINT LUCIE, FL 34983 US

## New Principal Place of Business:

## Current Mailing Address:

792 SW GROVE ST., STE 108  
106  
PORT SAINT LUCIE, FL 34983 US

## New Mailing Address:

792 SW GROVE AVE.  
SUITE 106  
PORT SAINT LUCIE, FL 34983 US

FEI Number: 65-0029179

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PEDERSEN, ROBERT  
1984 SW BILTMORE ST.  
SUITE 106  
PORT ST. LUCIE, FL 34984 US

## Name and Address of New Registered Agent:

PEDERSEN, ROBERT  
792 SW GROVE AVE.  
SUITE 106  
PORT ST. LUCIE, FL 34983 US

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.

SIGNATURE: ROBERT W. PEDERSEN

01/10/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: V ( ) Delete  
Name: INGHAM, THOMAS  
Address: 2222 EDISON CIRCLE  
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: PD ( ) Delete  
Name: PEDERSEN, ROBERT  
Address: 3986 SW RIVERS END WAY  
City-St-Zip: PALM CITY, FL 34990

Title: V ( ) Delete  
Name: HOLLINGSWORTH, JAMES  
Address: 3225 MURA DRIVE  
City-St-Zip: FORT PIERCE, FL 34982

Title: V ( ) Delete  
Name: PEDERSEN, KAREN  
Address: 792 SW GROVE ST., STE 108  
City-St-Zip: PALM CITY, FL 34990

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: PEDERSEN, KAREN  
Address: 3986 SW RIVERS END WAY  
City-St-Zip: PALM CITY, FL 34990

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

SIGNATURE: ROBERT W. PEDERSEN

PD

01/10/2004

Electronic Signature of Signing Officer or Director

Date