2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008
Secretary of State

DOCUMENT# M65515

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 AVE.
SUITE 106
PORT SAINT LUCIE, FL 34983 US

New Mailing Address:

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

Name and Address of New Registered Agent:

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: _____
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: 3986 SW RIVERS END WAY
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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: ROBERT W. PEDERSEN PRES 04/18/2008
Electronic Signature of Signing Officer or Director Date