

# **2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# M65515

**FILED**  
**Apr 08, 2009**  
**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 AVENUE  
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

**OFFICERS AND DIRECTORS:**

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

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

04/08/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date