

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000083412

FILED
Mar 26, 2009
Secretary of State

Entity Name: PETERSON & SMITH EQUIPMENT CORPORATION

Current Principal Place of Business:

4747 SW 60TH AVENUE
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

4747 SW 60TH AVENUE
OCALA, FL 34474

New Mailing Address:

FEI Number: 22-3840199

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KING, WILLIAM ALLAN ESQ
1531 SE 36TH AVENUE
OCALA, FL 34471 US

Name and Address of New Registered Agent:

HAMER, KELLY G ESQ
307 NW 3RD STREET
OCALA, FL 34475 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: KELLY G. HAMER

03/26/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: MATTHEWS, PHILIP M
Address: 4747 SW 60TH AVENUE
City-St-Zip: OCALA, FL 34474

Title: VP () Delete
Name: RUSSELL, WILLIAM B
Address: 4747 SW 60TH AVENUE
City-St-Zip: OCALA, FL 34474

Title: VP () Delete
Name: HAHN, J. KEVIN
Address: 4747 SW 60TH AVENUE
City-St-Zip: OCALA, FL 34474

Title: T () Delete
Name: SLONE, DONNIE E JR
Address: 4747 SW 60TH AVENUE
City-St-Zip: OCALA, FL 34474

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MATTHEWS, PHILIP M
Address: 4747 SW 60TH AVENUE
City-St-Zip: OCALA, FL 34474

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: MGMR () Change (X) Addition
Name: HUGHES, FAITH E
Address: 4747 SW 60TH AVENUE
City-St-Zip: OCALA, FL 34474

Title: MGMR () Change (X) Addition
Name: RIGGS, ALLEN B
Address: 4747 SW 60TH AVENUE
City-St-Zip: OCALA, FL 34474

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: PHILIP M. MATTHEWS

P

03/26/2009

Electronic Signature of Signing Officer or Director

Date