2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000029320

1. Entity Name
PETERMAN INC.

Principal Place of Business	Mailing Address
15906 MCGLAMERY RD ODESSA, FL 33556	15906 MCGLAMERY RD ODESSA, FL 33556

DO NOT WRITE IN THIS SPACE

01032005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
02-0561194	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PETERMAN, STUART J
15906 MCGLAMERY RD
ODESSA, FL 33556

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 _Stuart J. Peterman_

Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE 2/3/05

FILE NOW!!! FEE IS $150.00 **After May 1, 2005 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	CEO
NAME	PETERMAN, STUART J
STREET ADDRESS	15906 MCGLAMERY RD
CITY-ST-ZIP	ODESSA, FL 33556
TITLE	P
NAME	PETERMAN, LINDA M
STREET ADDRESS	15906 MCGLAMERY RD
CITY-ST-ZIP	ODESSA, FL 33556

U00000187925
01/24/05-80036-007 150.00

DO NOT WRITE IN THIS SPACE

12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Linda M. Peterman_ 2/3/05   813-792-1646

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #