

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000124853

1. Entity Name
PETREGWEN, INC.



Principal Place of Business
9810 ALTERNATE A1A, SUITE 109 B
PALM BEACH GARDENS, FL 33410

Mailing Address
9810 ALTERNATE A1A, SUITE 109 B
PALM BEACH GARDENS, FL 33410



02242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2413588

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STEFFEN, GWENDOLYN C
9810 ALTERNATE A1A, SUITE 109 B
PALM BEACH GARDENS, FL 33410

**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

Gwendolyn C Steffen

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/25/08

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000841533
03/10/08-80022-007 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME STEFFEN, GWENDOLYN C
STREET ADDRESS 9810 ALTERNATE A1A, SUITE 109 B
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE VP
NAME LAMONICA, THERSA
STREET ADDRESS 4968 FLINTSTONE AVE
CITY-ST-ZIP PORT SAINT LUCIE, FL 34983

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Gwendolyn C Steffen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/25/08