

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000025593

FILED  
Apr 29, 2006  
Secretary of State

Entity Name: PETERSON FLATBED SERVICE, INC.

## Current Principal Place of Business:

401 WHITE WING CIRCLE  
MINNEOLA, FL 34755

## New Principal Place of Business:

401 WHITE WING CIRCLE  
MINNEOLA, FL 34715 US

## Current Mailing Address:

POST OFFICE BOX 765  
MINNEOLA, FL 34755

## New Mailing Address:

POST OFFICE BOX 765  
MINNEOLA, FL 34755 US

FEI Number: 51-0497692

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PETERSON, BILLY E  
401 WHITE WING CIRCLE  
MINNEOLA, FL 34755 US

## Name and Address of New Registered Agent:

PETERSON, BILLY E  
401 WHITE WING CIRCLE  
MINNEOLA, FL 34715 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:

04/29/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PETERSON, BILLY E  
Address: 401 WHITE WING CIRCLE  
City-St-Zip: MINNEOLA, FL 34755

Title: S ( ) Delete  
Name: PETERSON, ANN W  
Address: 401 WHITE WING CIRCLE  
City-St-Zip: MINNEOLA, FL 34755

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: PETERSON, BILLY E  
Address: 401 WHITE WING CIRCLE  
City-St-Zip: MINNEOLA, FL 34715

Title: S (X) Change ( ) Addition  
Name: PETERSON, ANN W  
Address: 401 WHITE WING CIRCLE  
City-St-Zip: MINNEOLA, FL 34715

I hereby certify that the information supplied with this filing does not qualify for the 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: BILLY E. PETERSON

P

04/29/2006

Electronic Signature of Signing Officer or Director

Date