2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 27, 2006 8:00 am Secretary of State DOCUMENT # P04000027072 03-27-2006 90272 037 ***150.00 1. Entity Name JANET D. PETERSEN DESIGNS, INC. Principal Place of Business Mailing Address 9310 OLD KINGS RD. SOUTH STE. 1703 9310 OLD KINGS RD. SOUTH STE. 1703 50005814 JACKSONVILLE, FL 32257 JACKSONVILLE, FL 32257 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03212006 Chg-P CR2E034 (11/05) Applied For City & State City & State 4. FEI Number 20-0712732 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STEPHEN E. TILLEY, CPA Street Address (P.O. Box Number is Not Acceptable) 4465 BAYMEADOWS RD. STE. 3 JACKSONVILLE, FL 32217 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete Addition ☐ Change TIT! F TITLE PETERSEN, JANET D NAME NAME STREET ADDRESS 1938 ST. GEORGE CT. STREET ADDRESS CITY-ST-ZIP MIDDLEBURG, FL 32068 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE ☐ Change NAME PETERSEN, IAN J NAME 1938 ST. GEORGE CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIDDLEBURG, FL 32068 CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 of 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 raceiver 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 at

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JANGT D. PETERSEN

Daytime Phone #

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☐ Addition

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