

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90077 049 ***150.00

DOCUMENT # P04000080775

1. Entity Name

PEDERSEN, INC.



Principal Place of Business

C/O WILLIAM R. PEDERSEN
903 LAKE SHORE DRIVE, APT. 101
LAKE PARK FL 33403

Mailing Address

C/O WILLIAM R. PEDERSEN
903 LAKE SHORE DRIVE, APT. 101
LAKE PARK FL 33403



2. Principal Place of Business

8904 LAKES BLVD.

3. Mailing Address

P.O. Box 530512

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

West Palm Beach, Florida

City & State

Lake Park, Florida

4. FEI Number

30-0305930 APPLIED FOR

Applied For

Not Applicable

Zip

33412

Country

PALM BEACH

Zip

33403

Country

Palm Beach

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEDERSEN, WILLIAM R
903 LAKE SHORE DRIVE
APARTMENT 101
LAKE PARK FL 33403

7. Name and Address of New Registered Agent

Name Pedersen, William R

Street Address (P.O. Box Number is Not Acceptable)

8904 LAKES BLVD.

City

West Palm Beach

FL

Zip Code

33412

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME PEDERSEN, WILLIAM R
STREET ADDRESS 903 LAKE SHORE DR., APARTMENT 101
CITY-ST-ZIP LAKE PARK FL 33403

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

William R Pedersen

William R. Pedersen (561) 312-5575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #