


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90202 001 ***150.00

DOCUMENT # P05000007920 1. Entity Name PETERSON BUILDERS, INC.					
Principal Place of Business 1329 KAREN DRIVE VENICE, FL 34284 US			Mailing Address P.O. BOX 697 VENICE, FL 34284 US		
2. Principal Place of Business SOUTHBRIIDGE PARK Suite, Apt. #, etc. 1525 S. TAMIAMI TRAIL City & State SUITE 603 VENICE, FLORIDA		3. Mailing Address Suite, Apt. #, etc. City & State Zip 34292		Country SARASOTA U.S.	
4. FEI Number 04-3804256		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name DON PETERSON Street Address (P.O. Box Number is Not Acceptable) 1525 S. TAMIAMI TRAIL City VENICE		
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 <i>Don Peterson</i> DIRECTOR 4-26-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PETERSON, DON P.O. BOX 697 VENICE, FL 34284		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Don Peterson</i> DIRECTOR 4-26-06 941-497-4950 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					