

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90089 022 \*\*\*150.00

**DOCUMENT # P06000071745**

1. Entity Name  
**PETTERSEN CLEANING SERVICES CORP**



Principal Place of Business      Mailing Address  
 2008 CLIPPER CT      2008 CLIPPER CT  
 LABELLE, FL 33935      LABELLE, FL 33935

40004100

2. Principal Place of Business - No P.O. Box # -      3. Mailing Address  
*4004 W Sunflower Circle*      *4004 W Sunflower Cir*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.



01082007      Chg-P      CR2E034 (12/06)

City & State      City & State  
*Labelle*      *Labelle*  
 Zip      Country      Zip      Country  
*FL*      *33935*      *FL*      *33935*

4. FEI Number      Applied For  
*20-4970265*      Not Applicable

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

6. Name and Address of Current Registered Agent  
**PETTERSEN, GENOMARCOS A**  
 2008 CLIPPER CT  
 LABELLE, FL 33935

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      FL      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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	PETTERSEN, GENOMARCOS A	
STREET ADDRESS	2008 CLIPPER CT	
CITY-ST-ZIP	LABELLE, FL 33935	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RADER, MARY E	
STREET ADDRESS	2008 CLIPPER COURT	
CITY-ST-ZIP	LABELLE, FL 33935	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Genomarcos A Pettersen*      01/11/07      239.633.9954  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #