2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P09360

1. Entity Name
PETCOR N.A. CORP.

Principal Place of Business	Mailing Address
104 BLACK HAWK ST. REINBECK, IA 50669	P.O. BOX A REINBECK, IA 50669-0155 US

01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1034730
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FISHER, LEIGH
4000 DEL PRADO BLVD
1505 SE 40 STREET
CAPE CORAL, FL 33904

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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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	PETERSON, CORDELL Q
STREET ADDRESS	104 BLACKHAWK ST
CITY-ST-ZIP	REINBECK, IA 50669
TITLE	VSD
NAME	PETERSON, GALE M. JR.
STREET ADDRESS	104 BLACKHAWK ST
CITY-ST-ZIP	REINBECK, IA 50669
TITLE	AT
NAME	PETERSEN, JAMES I
STREET ADDRESS	104 BLACKHAWK ST
CITY-ST-ZIP	REINBECK, IA 50669
TITLE	D
NAME	PETERSON, MARK
STREET ADDRESS	104 BLACKHAWK ST
CITY-ST-ZIP	REINBECK, IA 50669
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/13/04-80014-016 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X Cordell Q Peterson 1-7-04 319-345-2713
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #