

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P09360 1. Entity Name PETCOR N.A. CORP.	
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Principal Place of Business 104 BLACK HAWK ST. REINBECK, IA 50669	Mailing Address P.O. BOX A REINBECK, IA 50669-0155 US
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01182005 No Chg-P CR2E034 (10/03)

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 _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD PETERSON, CORDELL Q 104 BLACKHAWK ST REINBECK, IA 50669
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD PETERSON, GALE M. JR. 104 BLACKHAWK ST REINBECK, IA 50669
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT PETERSEN, JAMES I 104 BLACKHAWK ST REINBECK, IA 50669
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PETERSON, MARK 104 BLACKHAWK ST REINBECK, IA 50669
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/24/05-80180-025 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 1-18-05 Date	Daytime Phone # Daytime Phone #
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