2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 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

01112007 No Chg-P CR2E034 (11/05)

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	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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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: Cordell Q Peterson 1-11-07 319-345-2713
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #