


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P13122		
1. Entity Name CHARLES PETERSEN FARMS, INC.		
Principal Place of Business 1322 "N" STREET TEKAMAH, NE 68061	Mailing Address 9421 E. CHERRYWOOD DRIVE SUN LAKES, AZ 85248-0845	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BYRD, WADE R 350 ROYAL PALM WAY SUITE 409 PALM BEACH, FL 33480		DO NOT WRITE IN THIS SPACE
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 _____ <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, 2007 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		U00000607974 01/31/07-80059-003 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MATTES, BARBARA P 9421 EAST CHERRYWOOD DR SUN LAKES, AZ 852480845	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PETERSEN, RUTH S 1322 "N" STREET TEKAMAH, NE 68061	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PETERSEN, CHARLES J 5504 - 12TH AVE. S. MINNEAPOLIS, MN 55417	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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: <u>Barbara P. Mattes</u> BARBARA P. MATTES		Date <u>01-22-07</u> 480-802-7664 Daytime Phone #