

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 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



01182008 No Chg-P CR2E034 (11/05)

4. FEI Number

47-0703100

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
MATTES, BARBARA P
9421 EAST CHERRYWOOD DR
SUN LAKES, AZ 852480845

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:

Barbara P. Mattes **BARBARA P. MATTES** 01-18-08 480-802-7664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #