

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90121 023 ***150.00

DOCUMENT # P93000056470					
1. Entity Name R M PETERSON & ASSOCIATES, INCORPORATED					
Principal Place of Business 1908 E. ORANGE AVE. 1540 KURT ST EUSTIS, FL 32723 US			Mailing Address P O BOX 1366 MT DORA, FL 32756 US		
2. Principal Place of Business 1540 Kurt Street Suite, Apt. #, etc			3. Mailing Address Suite, Apt. #, etc		
City & State Eustis, FL			City & State		
Zip 32726		Country USA		4. FEI Number 59-3036397	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PETERSON, ROBERT L 1908 E. ORANGE AVE. 1540 Kurt St. EUSTIS, FL 32726			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent Signature Required When Reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PS	NAME PETERSON, ROBERT L		☐ Change ☐ Addition		
STREET ADDRESS 175 BANNING BEACH RD	CITY - ST - ZIP TAVARES, FL 32778		☐ Change ☐ Addition		
TITLE NAME	NAME STREET ADDRESS		☐ Change ☐ Addition		
STREET ADDRESS CITY - ST - ZIP	CITY - ST - ZIP		☐ Change ☐ Addition		
TITLE NAME	NAME STREET ADDRESS		☐ Change ☐ Addition		
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STREET ADDRESS CITY - ST - ZIP	CITY - ST - ZIP		☐ Change ☐ Addition		
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 or other like empowered.					
SIGNATURE: _____			Robert L Peterson 3/24/06 352 483 0008		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: _____		

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