## 2005 FOR PROFIT CORPORATION

## **FILED** Mar 10, 2005 08:00 AM

ANNUAL REPURI				- Secretary o	Secretary of State		
	MENT # P94000090	982		Secretary			
1. Entity Nam TIMOTH	Y D. PETERSON, INC.						
Principal Plac	ce of Business	Mailing Address	<del>,</del>	1			
1600 SELVA	MARINA DR Each, Fl 32233	1600 SELVA MARINA DR Atlantic Beach, FL 32233					
	O NOT WRITE	IN THIS COA	^E	03042005 No Chg-P CR2E034 (10/03)	)		
DO NOT WRITE IN THIS SPACE				** *********************************	oplied For lot Applicable		
				5. Certificate of Status Desired \$8.75 Ac			
	a Name and Address of Concept C	la laboured & cont	<u></u>	5. Certilicate di Status Desireu Fee Requir			
	6. Name and Address of Current F	egistered Agent					
PETERSON, TIMOTHY D				DO NOT WRITE			
1600 SELVA MARINA DR ATLANTIC BEACH, FL 32233							
· ·				—IN THIS SPACE			
}							
8. The above	e named entity submits this statement for tions of registered agent.	the purpose of changing its register	red office or registe	red agent, or both, in the State of Florida. I am familiar with	, and accept		
1		•		• • •			
SIGNATURE.	Signature, typed or printed name of rogistered agent a	nd I'lle if applicable (NOTE, Register	ed Agent eignature require	d when reinstaling) DATE	<del></del> ·.		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.			ncing \$5	.00 May Be ded to Fees			
10.	OFFICERS AND D	PIRECTORS	J	The second secon			
TITLE	D PETERSON, TIMOTHY D			-497 (111) - 111년 (1242년 왕군 - 교생			
NAME STREET ADDRESS	1600 SELVA MARINA DR			<del></del>			
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233	·					
TITLE		, <u>-</u>		000000258056 03/10/05-80026-005 1			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:

3-07-05

904-246-3/44

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #