## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 18, 2008 08:00 AN Secretary of State

ANNUAL REPORT				Feb 18, 2008 08:0
DOCU	MENT # P940000909	982		Secretary of St
1. Entity Name TIMOTHY D. PETERSON, INC.				
THEOTH	D. FETERGON, INC.			
Principal Place of Business		Mailing Address		
1600 SELVA	LMARINA DR Each, Fl. 32233	1600 SELVA MARINA DR Atlantic Beach, Fl. 32233		
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	Sand British Street			
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L	O NOI WALLE	III I IIIO OFA	CE	4. FEI Number Applied For 59-3286125 Not Applicable
., ,			The state of the s	5. Certificate of Status Desired   \$8.75 Additional
	6. Name and Address of Current R	egistered Agent		Fee Required
5575500				Control of the state of the sta
PETERSON, TIMOTHY D 1600 SELVA MARINA DR		•		DO NOT WRITE
ATLANTIC	BEACH, FL 32233			IN THIS SPACE
			3 - 3 S 44 - 195	The second secon
8. The above	named entity submits this statement for tions of registered agent.	he purpose of changing its register	ed office or register	ed agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent an	d little of applicable (NOTE Registers	ed Agent signature required	FEB 13, 2007
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Final Trust Fund Contribution.		.00 May Be ed to Fees
10.	OFFICERS AND D	IRECTORS		
TITLE NAME	PETERSON, TIMOTHY D			02/27/08-80008-010 150.00
STREET ADDRESS CITY+ST+ZIP	1600 SELVA MARINA DR ATLANTIC BEACH, FL 32233		j	02721700 00000 010 100700
TITLE	ATEMITIO BEACH, TE 32200			The state of the s
NAME				
STREET ADDRESS CITY+ST-ZIP				
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NAME STREET ADDRESS			a a	DO NOT MOST
CITY-ST-ZIP				DO NOT WRITE
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CITY+ST-ZIP		<del> </del>		are in the state of the second
NAME				
STREET ADDRESS CITY-ST-ZIP			A Committee of the Comm	The second secon
TITLE			fg10" in the plant in the con-	
NAME				and the statement

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY+ST-ZIP

SIGNA TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/2007

904-246-3144

Deylime P