



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90155 009 ***150.00

DOCUMENT # P97000044762 1. Entity Name PETERSON FUEL CORPORATION																																	
Principal Place of Business 1660 NW 19 AVE. POMPAN0 BEACH, FL 33304 US				Mailing Address 1660 NW 19 AVE. POMPAN0 BEACH, FL 33304 US																													
2. Principal Place of Business 2015 SW 20 ST Suite, Apt. #, etc. #101		3. Mailing Address 2015 SW 20 ST Suite, Apt. #, etc. #101																															
City & State FT. LAUD, FL		City & State FT. LAUD, FL		4. FEI Number 65-0757103																													
Zip 33315		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent PETERSON, THEODORE E 2150 S.W. 23 AVE FT LAUD, FL 33312				7. Name and Address of New Registered Agent Name BARBARA A. BUCK Street Address (P.O. Box Number is Not Acceptable) 1807 SW 23 ST City FT. LAUD FL Zip Code 33315																													
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 <u>Barbara A. Buck</u> BARBARA A. BUCK DATE <u>4/22/05</u> <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, 2005 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> P <input type="checkbox"/> Delete PETERSON, THEODORE ERIK 2150 23RD AVENUE FORT LAUDERDALE, FL 33312 </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete PETERSON, THEODORE ERIK 2150 23RD AVENUE FORT LAUDERDALE, FL 33312													11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2015 SW 20 ST #101 FT. LAUD, FL 33315 </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2015 SW 20 ST #101 FT. LAUD, FL 33315												
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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)(i), 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>Theodore Peterson</u> THEODORE PETERSON DATE <u>4/22/05</u> DAYTIME PHONE # <u>954-764-3835</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																	