


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P98000082628</b> 1. Entity Name S. PETERSEN HOMES, INC.	
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Principal Place of Business 1217 EAST CAPE CORAL PARKWAY CAPE CORAL, FL 33904	Mailing Address 1217 EAST CAPE CORAL PARKWAY CAPE CORAL, FL 33904
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**DO NOT WRITE IN THIS SPACE**

01172008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0871433	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

PETERSEN, STEVE  
1217 EAST CAPE CORAL PARKWAY  
CAPE CORAL, FL 33904

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSVT PETERSEN, STEVE 1217 E. CAPE CORAL PKWY SUITE 201 CAPE CORAL, FL 33904
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01/30/08-80018-005 150.00

**DO NOT WRITE  
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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: STEVE PETERSEN 1/18/08 239 541 9953

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #