2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State
04-25-2008 90109 004 ****61.25

DOCUMENT # N98000005632

1. Entity Name
P.E.R.C. INC.

Principal Place of Business	Mailing Address
6401 LYONS RD COCONUT CREEK, FL 33073	6401 LYONS RD COCONUT CREEK, FL 33073

DO NOT WRITE IN THIS SPACE

04172008 No Chg-NP CR2E037 (4/06)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PRICE, DAVID T
6401 LYONS RD
COCONUT CREEK, FL 33073

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PRICE, DAVID T
STREET ADDRESS	6501 LYONS RD
CITY-ST-ZIP	COCONUT CREEK, FL 33073
TITLE	D
NAME	WHITELEATHER, GERALD K
STREET ADDRESS	P O BOX 1735 N/A
CITY-ST-ZIP	MEREDITH, NH 03253
TITLE	D
NAME	SHRIER, JOSEPH K
STREET ADDRESS	19300 STORY ROAD
CITY-ST-ZIP	ROCKY RIVER, OH 44116
TITLE	D
NAME	GALE, DAVID B
STREET ADDRESS	HOPETOWN CREAT ABACO
CITY-ST-ZIP	THE BAHAMAS,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 617, 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: DAVID T. PRICE 4-22-08 954-421-9399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #