


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000128328 1. Entity Name PERFECTION SERVICES OF SOUTHWEST FLORIDA, INC.		
Principal Place of Business 504 CENTER RD. BLDG. B, UNIT 2 FORT MYERS, FL 33907	Mailing Address 504 CENTER RD. BLDG. B, UNIT 2 FORT MYERS, FL 33907	

FILED
Jul 15, 2008 08:00 AM
Secretary of State



05132008 No Chg-P CR2E034 (11/05)

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4. FEI Number 04-3730614	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GRANT, TODD
 2700 SCUPPERNONG ROAD
 LABELLE, FL 33935

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST GRANT, TODD 2700 SCUPPERNONG ROAD LABELLE, FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC GRANT, GINGER M SECRETA 2700 SCUPPERNONG RD. LABELLE, FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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07/15/08-80004-010 550.00

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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: Todd Grant _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____