## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000093316

FILED Apr 18, 2005 Secretary of State

Entity Nai	me: PERRYE	LEVATOR, INC.			
Current P	rincipal Place	of Business:	New Principal Place of	New Principal Place of Business:	
1935 BARBER RD SARASOTA, FL 32240			1935 BARBER RD SARASOTA, FL 34240		
Current M	lailing Addres	s:	New Mailing Address:	New Mailing Address:	
1935 BARI SARASOT	BER RD A, FL 32240	US	1935 BARBER RD SARASOTA, FL 34240	US	
FEI Number:	: 65-0541245	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and Address of N	lew Registered Agent:	
30202 CLA MYAKKA ( The above	AMES W III AY GULLY RD DITY, FL 34251 named entity selections		ourpose of changing its registered c	office or registered agent, or both,	
SIGNATU	RE:				
	Electron	ic Signature of Registered Ago	ent	Date	
Election Car	mpaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete PERRY, JAMES W. I 30202 CLAY GULLY RD MYAKKA CITY, FL		Title: ( ) Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	ST () PERRY, JAMES 30202 CLAY GU MYAKKA CITY,	JLLY RD	Title: ( ) Name: Address: City-St-Zip:	) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES PERRY **PRES** 04/18/2005