## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Apr 05, 2006 8:00 am Secretary of State DOCUMENT # P95000077732 1. Entity Name 04-05-2006 90147 016 \*\*\*150.00 MARK PERRY ENTERPRISES, INC. Principal Place of Business Mailing Address 13026 53 CT N ROYAL PALM BCH FL 33411 13026 53 CT N ROYAL PALM BCH FL 33411 2. Principal Place of Business 3. Mailing Address 9668 SE Crest CT 9668 SECrest CT 1st MOORE CR2E034 (10/05) City & State Hobe Sound 4. FEI Number City & State Applied For 65-0609463 Hobe Sound Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33455 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PERRY, M A 13026 53 COURT NORTH Street Address (P.O. Box Number is Not Acceptable) **ROYAL PALM BEACH FL 33411** Zip Code 33455 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE ٧D VD ☐ Delete TITLE Change ☐ Addition Perry MA 9668 SE Crest CT Hobe Sound, 71 334 PERRY, M A NAME NAME STREET ADDRESS 13026 53RD CT. N. STREET ADDRESS CITY-SY-ZIP ROYAL PALM BEACH FL CITY-ST-ZIP VΡ TITLE ☐ Delete TITLE Change ☐ Addition Perry, Antone Jur 9658 SE Crest CT PERRY, ANTONE J JR NAME NAME STREET ADDRESS STREET ADDRESS 13026 53RD CT NORTH Hobe Sound 71 33455 CITY-ST-7IP CITY-ST-7IP ROYAL PALM BEACH FL 33411 ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS C1TY-ST-718 CITY - ST- 7/P ☐ Delete Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CiTY-53-7IP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

terry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

**FILED**