## **2007 FOR PROFIT CORPORATION** ANNUAL REPORT

## FILED Feb 15, 2007 8:00 am Secretary of State

DOCUMENT # P93000042448  1. Entity Name PERMOCO, INC.								02-15-2007	90035 024 ***1.	50.00	
Principal Place 43 LAIRD RD. CRESTVIEW, F		S  US-	Mailing Address 43 LAIRD RD. CRESTVIEW, FL 32539 US				40017527				
Principal Place of Business - No PO Box # 3. Mailing Address											
Suite. Apt. #, etc.			Suite, Apt. #, etc				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			HILDER 131 (2001	
3.							02082007	Chg-P	CR2E034 (12/06)		
City & State			City & State				4. FEI Numbe 59-318			oplied For ot Applicable	
Zip	Country		Zip Coun		ntry	5. Certificate of Status Desired			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent					N			Address of New Re	egistered Agent		
PERMENTER, WILLIAM D 43 LAIRD RD. CRESTVIEW, FL 32539					Name R. Doug /as Permenter  Street Address (F.O. Box Nurber is Not Acceptable)  7.3 Lair						
					City Crestnew				FL Zip Code 37539		
8. The above named entity submits this statemy it 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  Signature, speed or printed range of registered agent and site is acceptable.  NOTE: Register of Agent signature required when reperson in DATE.											
After Ma		FEE IS \$150,00 7 Fee will be \$550.		Contribution			.00 May Be ed to Fees				
10. Iffle	VPD	OFFICERS AND	DIRECTORS Delete	11.	i		ADDITIONS.	CHANGES TO OFFI	CERS AND DIRECTOR	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	PERMEN 236 SABI	ITER, STEPHANIE D INE DRIVE OLA, FL 32561	□ Detete	HAN Str	1	Pfal. 110 1134	graf S Meadow Halo, NY	tephanie P. Rd. 14216	J. Oriente		
TITLE NAME STREET ADDRESS	I	ITER, WILLIAM D INE DRIVE	Delete	TITL NAM STR		PD B. 00 43	ouglas Per Land Rd	mentor	Change	<b>Ø</b> Addition	
CITY-ST ZIP	PENSACOLA, FL				Y ST ZIP	Cre	otricu, FL	_, 3253°			
NAME STREET ADDRESS CITY-ST-ZIP	PERMENTER, ELIZABETH A 236 SABINE DRIVE				le Me Beet Addr <b>e</b> ss Y 81 Zap				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	NA <sup>3</sup> STR					☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			☐ Celete	HAP STE					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			Deleta	na! Ste					☐ Change	☐ Addition	
12. I hereby indicated of the corchanged	certify that the control on this reportion or the control on an attention or the control on a control or the control of	ne information supplied wit ort or supplemental report the receiver or trustee emp tachment with an address	h this filing does not qui is true and accurate and poyered to execute this with all other like empo-	alify for the ex that my signate report as requivered	kemptions c ature shall h ured by Cha	ontained lave the apter 60	d in Chapter 11 same legal effe 7, Florida Statut	9, Florida Statutes. I of as if made under e es, and that my nam	further certify that the path, that I am an office e appears in Block 10 of	information or director or Block 11 (f	

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ORDIRECTOR

2/8/2007

850-892-2103