

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P93000042448

1. Entity Name
PERMOCO, INC.



Principal Place of Business
**43 LAIRD RD.
CRESTVIEW, FL 32539 US**

Mailing Address
**43 LAIRD RD.
CRESTVIEW, FL 32539 US**



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3185549	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

**PERMENTER, R. DOUGLAS
43 LAIRD RD.
CRESTVIEW, FL 32539**

**DO NOT WRITE
IN THIS SPACE**

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 reconstituting) DATE: _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

U00000785143
01/16/08-80084-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	PFALZARAF, STEPHANIE P
STREET ADDRESS	110 MEADOW RD
CITY- ST- ZIP	BUFFALO, NY 14216

TITLE	PD
NAME	PERMENTER, R. DOUGLAS
STREET ADDRESS	43 LAIRD RD
CITY- ST- ZIP	CRESTVIEW, FL 32539

TITLE	ST
NAME	PERMENTER, ELIZABETH A
STREET ADDRESS	236 SABINE DRIVE
CITY- ST- ZIP	PENSACOLA, FL

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Elizabeth A. Permenter*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/08 (850) 892-2103
Date Daytime Phone #