

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000002069

Entity Name: THE PERFECT PLACE-PHASE ONE INC.

Current Principal Place of Business:

158 TOMOKA AVE
ORMOND BEACH, FL 32174

Current Mailing Address:

4516 RATTILING STREET
DOUGLASVILLE, GA 30135 US

FEI Number: 90-0513044

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOREY, ROSA
158 TOMOKA AVE
ORMOND BEACH, FL 32174 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name MOREY, ROSA E
Address 158 TOMOKA AVE
City-State-Zip: ORMOND BEACH FL 32174

Title S
Name HERNANDEZ, SHALISA L
Address 9122 S.W.
City-State-Zip: MIAMI FL 33157

Title AS
Name COLEMAN, WILLIAM
Address 252 S. WASHINGTON ST
City-State-Zip: ORMOND BEACH FL 32174

Title BM
Name FEILDS, ANNIE L
Address 126 N. KEECH ST.
City-State-Zip: DAYTONA BEACH FL 32114

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROSA E MOREY

R/A

04/15/2013

Electronic Signature of Signing Officer/Director Detail

Date