

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90011 041 ***150.00

DOCUMENT # 227961

1. Entity Name
PERCH LAKE CORP



Principal Place of Business
P.O. BOX 65
POINSETTIA AVE. E. OF 3RD AVE.
ALTURAS, FL 33820

Mailing Address
P.O. BOX 65
POINSETTIA AVE. E. OF 3RD AVE.
ALTURAS, FL 33820

50011758



02012005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-0889508

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PERDUE, J W
POINSETTIA AVE. E. OF 3 ST.
ALTURAS, FL 33820

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PERDUE, J W
STREET ADDRESS	POINSETTIA AVE E OF 3 ST
CITY-ST-ZIP	ALTURAS, FL
TITLE	ST
NAME	DONAHUE, SUSAN E
STREET ADDRESS	2065 FLAMINGO DR
CITY-ST-ZIP	BARTOW, 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 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-1-05

863-537-1110