2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
04 APR 22 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 257058

1. Entity Name
S.R. PERROTT, INC.

Principal Place of Business	Mailing Address
4 N. PERROTT DRIVE ORMOND BEACH, FL 32174	4 N. PERROTT DRIVE ORMOND BEACH, FL 32174

04062004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address P. O. Box 836
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Ormond Beach, FL
Zip / Country	Zip 32175 / Country

4. FEI Number 59-0968982 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CONNORS, MICHELE P. 305 W. GRANADA BLVD. ORMOND BEACH, FL 32074	Name Connors, Michele P. Street Address (P.O. Box Number is Not Acceptable) 4 N. Perrott Dr City Ormond Beach, FL Zip Code 32174

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is $61.25

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CONNORS, MICHELE P 970 JOHN ANDERSON ORMOND BCH, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President/Chairwomen Connors, Michele P. 970 John Anderson Dr. Ormond Beach, FL 32176	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PERROTT, MARIETTE ONE JOHN ANDERSON ORMOND BCH, FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Connors, R. Gary 970 John Anderson Dr. Ormond Beach, FL 32176	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Buren, Eva Connors 357 Pine Cone Dr. Ormond Beach, FL 32174	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Connors, Colleen E. 90 Knollwood Estates Dr. Ormond Beach, FL 32174	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300033796143 04/26/04--01008--003 **61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 #