

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 257058

Entity Name: S.R. PERROTT, INC.

FILED  
Apr 30, 2012  
Secretary of State

**Current Principal Place of Business:**

4 N. PERROTT DRIVE  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 836  
ORMOND BEACH, FL 32175

**New Mailing Address:**

FEI Number: 59-0968982

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CONNORS, MICHELE P.  
4 N PERROTT DR  
ORMOND BEACH, FL 32174 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CONNORS, MICHELE P  
Address: 970 JOHN ANDERSON  
City-St-Zip: ORMOND BCH, FL

Title: VP  
Name: GARY, CONNORS  
Address: 970 JOHN ANDERSON DR  
City-St-Zip: ORMOND BEACH, FL 32176

Title: S  
Name: CONNORS, BUREN E  
Address: 357 PINE CONE DR  
City-St-Zip: ORMOND BEACH, FL 32174

Title: T  
Name: TIMKO, COLLEEN E  
Address: 90 KNOLLWOOD ESTATES DR  
City-St-Zip: ORMOND BEACH, FL 32174

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

SIGNATURE: MICHELE CONNORS

PD

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date