


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 08:00 AM
Secretary of State

DOCUMENT # 315217	
1. Entity Name PERRY MOTORS INC	

Principal Place of Business 3865 E. GULF TO LAKE HWY INVERNESS, FL 32650	Mailing Address 3865 E. GULF TO LAKE HWY INVERNESS, FL 32650 US
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04222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1164360	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

KRULL, MARK R
3865 E GULF TO LAKE HWY
INVERNESS, FL 34453

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 reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000133738 04/27/04-80101-003 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRULL, MARK R 3865 E. GULF TO LAKE HWY INVERNESS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KRULL, LOIS A. 3865 E. GULF TO LAKE HWY INVERNESS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD YOUNG, PATTI 3865 E. GULF TO LAKE HWY INVERNESS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KRULL GEORGE R. 3865 E. GULF TO LAKE HWY INVERNESS, FL
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)(l), 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:  **4/26/04** **352 726 1968**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #