## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## DOCUMENT # 315217 Mar 14, 2007 08:00 AM **Secretary of State** PERRY MOTORS INC Principal Place of Business Mailing Address 3865 E. GULF TO LAKE HWY INVERNESS FL 32650 3865 E. GULF TO LAKE HWY INVERNESS FL 32650 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, atc 1st MOORE CR2E034 (10/06) City & Stato City & Stato Applied For 4. FEI Number 59-1164360 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo KRULL, MARK R Street Address (P.O. Box Number is Not Acceptable) 3865 E GULF TO LAKE HWY **INVERNESS FL 34453** City Zip Code 8. The above named onlity 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 d agent SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee WIII Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ΡD mu: ☐ Delete TITLE ☐ Change ☐ Addition KRULL, MARK R NAME NAME 3865 E. GULF TO LAKE HWY STREET ADDRESS STREET ADDRESS INVERNESS FL City-St-ZIP CITY-S1-ZIP VD Delete THRE Change Addition KRULL, LOIS A. NAME 3865 E. GULF TO LAKE HWY STREET ADDRESS U000000665607 STREET ADDRESS INVERNESS FL -001 150.00 CHY-S1-7IP CHTY-ST-ZIF 388 \_\_\_\_ -- Delete Change Addition YOUNG, PATTI NAME NAME 3865 E. GULF TO LAKE HWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP INVERNESS FL City-St-ZIP ☐ Delete HILE ☐ Change Addition KRULL GEORGE R. NAME. NAME 3865 E. GULF TO LAKE HWY STREET ADDRESS STREET ADDRESS INVERNESS FL CITY-SI-7IP CITY-ST-ZIP RHE Defete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-S1-ZIP ME ☐ Delete THE ☐ Change Addition NAME NAM STREET ADDRESS STRUET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I horeby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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 offect as if made under eath, 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.

**FILED**