2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 521056

1. Entity Name
PERL, INC.

Principal Place of Business	Mailing Address
5009 S FLORIDA AVE	P. O. BOX 447
INVERNESS, FL 34450 __US	INVERNESS, FL 34451-0447

DO NOT WRITE IN THIS SPACE

03012005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-1802766	Not Applicable

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

6. Name and Address of Current Registered Agent

LAPERLE, DAVID R.
5009 SOUTH FLORIDA AVENUE
INVERNESS, FL 34450

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

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

U00000268075
03/18/05-80027-005 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	LAPERLE, DAVID R.
STREET ADDRESS	5009 SOUTH FLORIDA AVE.
CITY-ST-ZIP	INVERNESS, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _David Laperle_   3/16/05   352-726-2483
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #