

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 12, 2005 8:00 am
Secretary of State

09-12-2005 90002 039 ***550.00

DOCUMENT # F04000006411

1. Entity Name
PERTIMM, INC.



Principal Place of Business
**500 GOLF TEE LANE #216
LONGWOOD, FL 32779**

Mailing Address
**500 GOLF TEE LANE #216
LONGWOOD, FL 32779**

50066362



08192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **94-3401503** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PONCET, JEAN
500 GOLF TEE LANE #216
LONGWOOD, FL 32779**

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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 *JEAN PONCET* **JEAN PONCET** CP 09/06/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE **CP**
NAME **PONCET, JEAN**
STREET ADDRESS **500 GOLF TEE LANE #216**
CITY-ST-ZIP **LONGWOOD, FL 32779**

TITLE **S**
NAME **CONSTANT, PATRICK**
STREET ADDRESS **318 N. CARSON STREET #208**
CITY-ST-ZIP **CARSON CITY, NV 89701**

TITLE **T**
NAME **MIGNON, XAVIER**
STREET ADDRESS **318 N CARSON STREET #208**
CITY-ST-ZIP **CARSON CITY, NV 89701**

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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)(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: *JEAN PONCET* **JEAN PONCET** CP 09/06/05 3212287087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #