


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 20, 2005 8:00 am
Secretary of State

06-20-2005 90003 026 ***150.00

DOCUMENT # F53314 1. Entity Name PERKINS ENTERPRISES, INC.	
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Principal Place of Business C/O BOBBIE PERKINS 1014 S. TOWER LANE LAKE WALES, FL 33853	Mailing Address C/O BOBBIE PERKINS 1014 S. TOWER LANE LAKE WALES, FL 33853
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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06092005 Chg-P CR2E034 (10/03)

4. FEI Number 59-2192914	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PERKINS, BOBBIE 1014 S. TOWER LANE LAKE WALES, FL 33853	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PERKINS, KIMBERLY D 1014 S TOWER LANE LAKE WALES, FL 00000, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PERKINS, BOBBIE 1014 S TOWER LANE LAKE WALES, FL 00000, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVGM PERKINS, TRENTON D 1014 S TOWER LANE LAKE WALES, FL 33853 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PERKINS, KIRK T 1014 S TOWER LANE LAKE WALES, FL 33853 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PERKINS, ROBERT D 1014 S TOWER LANE LAKE WALES, FL 33853 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Kimberly D Perkins Kimberly Perkins 4/15/05 (863) 676-5393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



Division of Corporations

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Document Number

F53314

Business Entity Name

PERKINS ENTERPRISES, INC.

☐ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.

FEI Number

592192914

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ Current

Certificate of Status Desired

☐ Yes ☒ No \$8.75 each

Election Campaign Financing Trust Fund Contribution

☐ Yes ☒ No

Principal Place of Business

Address

C/O BOBBIE PERKINS

Suite, Apt. #, etc.

1014 S. TOWER LANE

City, State

LAKE WALES

FL

Zip Code & Country

33853

Mailing Address

Address

C/O BOBBIE PERKINS

Suite, Apt. #, etc.

1014 S. TOWER LANE

City, State

LAKE WALES

FL

Zip Code & Country

33853

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

Perkins

Bobbie

D

P

-or- RA Business Name

Address (PO Box is not acceptable)

1014 S. TOWER LANE

Suite, Apt. #, etc.

City, State

LAKE WALES

FL

Zip Code & Country

33853

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

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entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name And Address

Title

DST

Name (Last, First, Middle, Title)

PERKINS

KIMBERY

-or- Entity Name

Street Address

1014 S TOWER LANE

City, State

LAKE WALES, FL 00000

Zip Code & Country

Title

DP

Name (Last, First, Middle, Title)

-or- Entity Name

PERKINS, BOBBIE

Street Address

1014 S TOWER LANE

City, State

LAKE WALES, FL 00000

Zip Code & Country

Title

SVGM

Name (Last, First, Middle, Title)

PERKINS

TRENTON

D

-or- Entity Name

Street Address

1014 S TOWER LANE

City, State

LAKE WALES

FL

Zip Code & Country

33853

Title

VP

Name (Last, First, Middle, Title)

PERKINS

KIRK

T

-or- Entity Name

Street Address

1014 S TOWER LANE

City, State

LAKE WALES

FL

Zip Code & Country

33853

Title

V

Name (Last, First, Middle, Title)

PERKINS

ROBERT

O

-or- Entity Name

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Street Address 1014 S TOWER LANE

City, State LAKE WALES FL

Zip Code & Country 33853

Title VP

Name (Last, First, Middle, Title) Perkins Trenton D VP

-or- Entity Name Perkins Enterprises, Inc.

Street Address 1014 south tower lane

City, State Lake Wales FL

Zip Code & Country 33859

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title VP

Officer/Director Signature Trenton Perkins

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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