2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2011
Secretary of State

DOCUMENT# F53314

Entity Name: PERKINS ENTERPRISES, INC.

Current Principal Place of Business:

C/O BOBBIE PERKINS
1014 S. TOWER LANE
LAKE WALES, FL 33853

New Principal Place of Business:

Current Mailing Address:

C/O BOBBIE PERKINS
1014 S. TOWER LANE
LAKE WALES, FL 33853

New Mailing Address:

FEI Number: 59-2192914 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PERKINS, BOBBIE
1014 S. TOWER LANE
LAKE WALES, FL 33853 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DST
Name: PERKINS, KIMBERLY D
Address: 1014 S TOWER LANE
City-St-Zip: LAKE WALES, FL 33853

Title: DP
Name: PERKINS, BOBBIE
Address: 1014 S TOWER LANE
City-St-Zip: LAKE WALES, FL 33853

Title: SVGM
Name: PERKINS, TRENTON D
Address: 1014 S TOWER LANE
City-St-Zip: LAKE WALES, FL 33853

Title: V
Name: PERKINS, KIRK T
Address: 1014 S TOWER LANE
City-St-Zip: LAKE WALES, FL 33853

Title: V
Name: PERKINS, ROBERT D
Address: 1014 S TOWER LANE
City-St-Zip: LAKE WALES, FL 33853

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KIMBERLY D. PERKINS DST 02/23/2011

Electronic Signature of Signing Officer or Director Date