


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90101 009 ***158.75

DOCUMENT # F65123			
1. Entity Name PERRY HOME CENTER, INC.			
Principal Place of Business 3488 US 19 S. PERRY, FL 32347		Mailing Address 3488 US 19 S. PERRY, FL 32347	
2. Principal Place of Business - No P.O. Box # 3409 S US Highway 19 Suite, Apt. #, etc. Perry		3. Mailing Address 3409 S US Highway 19 Suite, Apt. #, etc. Perry Fla	
City & State Florida		City & State Perry Fla	
Zip 32348		Zip 32348	
Country Tuylor		Country Tuylor	
6. Name and Address of Current Registered Agent EVERETT, DANNY 103 DOGWOOD LANE PERRY, FL 32347		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 101 Dogwood Way City Perry FL Zip Code 32348	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST EVERETT, TONI 103 DOGWOOD LANE PERRY, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 101 Dogwood Way Perry FL 32348
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EVERETT, DANNY 103 DOGWOOD LANE PERRY, FL 00000, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 101 Dogwood Way Perry FL 32348
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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 exemptions contained in Chapter 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 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: <u>Danne Everett</u>		Date: <u>1-24-07</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <u>584-7094</u>	