2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED **DOCUMENT # F65123** 1. Entity Name 08 SEP -9 PH 2: 34 PERRY HOME CENTER, INC. SECRETARY U. STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 3409 SOUTH US HWY 19 3409 SOUTH US HWY 19 PERRY, FL 32348 PERRY, FL 32348 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 09032008 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 59-2156140 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EVERETT, DANNY Street Address (P.O. Box Number is Not Acceptable) 101 DOGWOOD WAY PERRY, FL 32348 City Zip Code 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_ Signature: typed or printed name of registered agent and title if applicable, (NOTE Registered Agent signature required when reinstating) DATE FILE NOWIII FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 12, 2008 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ST TITLE Change Addition TITLE ☐ Delete EVERETT, TONI NAME NAME 700135961617 101 DOGWOOD WAY STREET ADDRESS STREET ADDRESS 09/16/08--01014--004 **158.75 CITY-ST-ZIP PERRY, FL 32348 CITY-ST-ZIP TITLE ☐ Change Addition Delete TITLE NAME EVERETT, DANNY NAME STREET ADDRESS 101 DOGWOOD WAY STREET ADDRESS CITY-ST-ZIP PERRY, FL 32348 CITY-\$1-7IP ☐ Change Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Channe ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling 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. Everett SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO