

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F75744

FILED
Jan 19, 2004
Secretary of State

Entity Name: PERMALAR INDUSTRIES OF FLORIDA, INCORPORATED

Current Principal Place of Business:

8841-1 ATLANTIC BLVD
JACKSONVILLE, FL 32211 US

New Principal Place of Business:

Current Mailing Address:

8841-1 ATLANTIC BLVD
JACKSONVILLE, FL 32211 US

New Mailing Address:

FEI Number: 59-2193740

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAM T KOVER
8841-1 ATLANTIC BLVD
JACKSONVILLE, FL 32211 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KOVER, WILLIAM T.,
Address: 4719 CEDAR POINT RD
City-St-Zip: JACKSONVILLE, FL 32226

Title: S () Delete
Name: KOVER, BARBARA E.,
Address: 3976 HIGH PINE RD
City-St-Zip: JACKSONVILLE, FL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KOVER, WILLIAM T.,
Address: 4719 CEDAR POINT RD
City-St-Zip: JACKSONVILLE, FL 32226 US

Title: S (X) Change () Addition
Name: KOVER, BARBARA E.,
Address: 3976 HIGH PINE RD
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: T () Change (X) Addition
Name: KOVER, WANDA J
Address: 4719 CEDAR POINT ROAD
City-St-Zip: JACKSONVILLE, FL 32226 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM T. KOVER

P

01/19/2004

Electronic Signature of Signing Officer or Director

Date