2006 FOR PROFIT CORPORATION

DOCUMENT # F91002

ANNUAL REPORT (AR)

FILED Mar 01, 2006 8:00 am Secretary of State

1. Entity Nam	ne			02.01.0006.0002.040.***1.50.00
PERKINS	-SPIECKER, INC.			03-01-2006 90003 042 ***150.00
,	e of Business ENZA DR †340 CCRSo VEWETIA 34293 BLUD	Mailing Address 4202 A VICENZA DR VENICE FL 34293	1340 CORSO VEN	
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/05)
City & Stat	е	City & State		4. FEI Number 59-2231030 Applied For Not Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent
	: 		Name	
<420	IKINS, LLOYD M SR 2 A VICENZA D R 4340 CI IICE.FL.34293	ORSO VENETIA BLVI	Street Addre	ess (P.O. Box Number is Not Acceptable)
¥ L 1		~~ ~~~~		and the second of the second o
			City	FL Zip Code
	named entity submits this statement for tions of registered agent.	the purpose of changing its re	egistered office or regi	istered agent, or both, in the State of Florida. I am familiar with, and accep
SIGNATURE	Signature, typed or preted name of registered agent a:	nd tile if applicable. (NOTE:	Registered Agent signature req	quired when reinstaung) DATE
S. 20080888880		\$4.50.62	7	
After	ILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550.00 k Payable to Florida Department of	State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addilio
NAME	PERKINS, LLOYD SR		NAME	
STREET ADDRESS	4202 A VICENZA DR 4340 CA	ORSO VENETIA BLUD.	STREET ADDRESS	
CITY-ST-ZIP	VENICE FL 34293		CITY-ST-ZIP	
TITLE NAME	VST BEDICING VIVIANI	Delete	TITLE NAME	Change Addition
,	PERKINS, VIVIAN 4202-A-VICENZA 4340 (OR50	NEWETIA BLUD.	STREET ADDRESS	
CITY-ST-ZIP	VENICE FL 34293		CITY-ST-ZIP	
TITLE		Delete	TITLE	Change Addition
STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
				tained in Section 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: VIVIAN PERKINS VIVIAN PURE OF SIGNING OFFICER OR DIRECTOR