

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000001910

FILED
Apr 13, 2007
Secretary of State

Entity Name: PERRY MARKETING CORPORATION

Current Principal Place of Business:

100 WOLTZ AVE.
MT AIRY, NC 27030

New Principal Place of Business:

Current Mailing Address:

PO BOX 1027
100 WOLTZ ST
MT AIRY, NC 27030

New Mailing Address:

FEI Number: 56-1333394 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: SD () Delete
Name: WOLTZ, WILLIAM K 3RD
Address: 100 WOLTZ AVE.
City-St-Zip: MT AIRY, NC 27030

Title: VP () Delete
Name: DRAUGHN, DEAN
Address: 100 WOLTZ STREET
City-St-Zip: MOUNT AIRY, NC

Title: TD () Delete
Name: WOLTZ, WILLIAM K JR
Address: 100 WOLTZ STREET
City-St-Zip: MOUNT AIRY, NC 27030

Title: AS () Delete
Name: FENNEBRESQUE, JOHN C
Address: 100 WOLTZ STREET
City-St-Zip: MOUNT AIRY, NC 27030

Title: ATD () Delete
Name: HALLMAN, SANDRA W
Address: 100 WOLTZ STREET
City-St-Zip: MOUNT AIRY, NC 27030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: SANDRA W. HALLMAN

ATD

04/13/2007

Electronic Signature of Signing Officer or Director

_____ Date