

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000000717

FILED
Apr 19, 2004
Secretary of State

Entity Name: J.C. PERRI, INC.

Current Principal Place of Business:

524 MISSION ROAD
ORLANDO, FL 32808 US

New Principal Place of Business:

Current Mailing Address:

524 MISSION ROAD
ORLANDO, FL 32808 US

New Mailing Address:

FEI Number: 13-2529256 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERRI, JOSEPH C
8566 LANSMERE LANE
ORLANDO, FL 32835

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: PERRI, JOSEPH C
Address: 8566 LANSMERE LANE
City-St-Zip: ORLANDO, FL 32835

Title: S () Delete
Name: PERRI, BONNIE L
Address: 8566 LANSMERE LANE
City-St-Zip: ORLANDO, FL 32835

Title: V () Delete
Name: PERRI, STEVEN J
Address: 5656 PITCH PINE DRIVE
City-St-Zip: ORLANDO, FL 32819

Title: T () Delete
Name: PERRI, VICKIE L
Address: 17998 SE CR 452
City-St-Zip: UMATILLA, FL 32784

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: T (X) Change () Addition
Name: PERRI, VICKIE L
Address: 32201 HOLOPAW TRAIL
City-St-Zip: SORRENTO, FL 32776

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: VICKIE L. PERRI

T

04/19/2004

Electronic Signature of Signing Officer or Director

_____ Date