


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 08:00 AM
Secretary of State

DOCUMENT # G24265	
1. Entity Name PERRONE CONSTRUCTION INCORPORATED	

Principal Place of Business % RICHARD ALLAN PERRONE 7045 S TAMiami TR SARASOTA, FL 34231 US	Mailing Address % RICHARD ALLAN PERRONE 7045 S TAMiami TR SARASOTA, FL 34231 US
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DO NOT WRITE IN THIS SPACE



01232007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2258288	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PERRONE, RICHARD A 219 PALMETTO AVE OSPREY, FL 34229	
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**DO NOT WRITE
IN THIS SPACE**

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 NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST PERRONE, RICHARD ALLAN 431 SOUTH CREEK DR. OSPREY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PERRONE, MICHELLE ELISE 431 SOUTH CREEK DR. OSPREY, FL
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12. I hereby certify that the information supplied with this filing 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.

SIGNATURE _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	3/27/07 Date	941-924-6900 Daytime Phone #
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