


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90072 037 \*\*\*158.75

<b>DOCUMENT # H42098</b>	
1. Entity Name PERKINS ELECTRIC, INC.	
	
Principal Place of Business 26000 SW 182ND AVENUE HOMESTEAD, FL 33031 US	Mailing Address 26000 SW 182ND AVENUE HOMESTEAD, FL 33031 US

400107



**DO NOT WRITE IN THIS SPACE**

02262008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2487188	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required.	

**6. Name and Address of Current Registered Agent**

PERKINS, WILLIAM E.  
26000 SW 182ND AVENUE  
HOMESTEAD, FL 33031

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	PERKINS, WILLIAM E.
STREET ADDRESS	26000 SW 182ND AVENUE
CITY-ST-ZIP	HOMESTEAD, FL

TITLE	ST
NAME	PERKINS, SUSAN G.
STREET ADDRESS	26000 SW 182ND AVENUE
CITY-ST-ZIP	HOMESTEAD, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

Susan G. Perkins

3/6/08 3052475386

Date

Daytime Phone #