


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # K02458</b> 1. Entity Name <b>ROBERT S. PERKINS GENERAL CONTRACTOR INC.</b>	
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Principal Place of Business <b>700 HULL STREET SOUTH GULFPORT, FL 33707 US</b>	Mailing Address <b>700 HULL STREET SOUTH GULFPORT, FL 33707 US</b>
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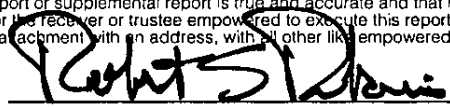
**DO NOT WRITE IN THIS SPACE**

<b>6. Name and Address of Current Registered Agent</b>  <b>BROIDA, JOEL D. 605 75TH AVENUE ST. PETERSBURG BEACH, FL 33706</b>
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<b>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.</b>	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>	<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PERKINS, ROBERT S 700 HULL STREET SOUTH GULFPORT, FL 33707
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<b>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 its 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.</b>	
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>8/12/08 721-347-2921</b> <small>Date Daytime Phone #</small>

**FILED**  
**Aug 20, 2008 08:00 AM**  
**Secretary of State**



08122008 No Chg-P CR2E034 (11/05)

<b>4. FEI Number</b> <b>NOT APPLICABLE</b>	<b>Applied For</b> <b>Not Applicable</b>
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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08/20/08-80002-019 150.00