

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90216 050 ***150.00

DOCUMENT # K47911

1. Entity Name

RICHARD A. PERRY, P.A.



Principal Place of Business

1 N.E. 1ST AVENUE
SUITE 303
OCALA FL 34470
US

Mailing Address

1 N.E. 1ST AVENUE
SUITE 303
OCALA FL 34470
US



2. Principal Place of Business

21 NORTH MAGNOLIA AVE

Suite, Apt. #, etc. 2nd Floor

City & State Ocala, FL

Zip 34475 Country USA

3. Mailing Address

21 NORTH MAGNOLIA AVE

Suite, Apt. #, etc. 2nd Floor

City & State Ocala, FL

Zip 34475 Country USA

1st MOORE

CR2E034 (10/04)

4. FEI Number

59-2922503

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

PERRY, RICHARD A
1 N.E. 1ST AVENUE
SUITE 303
OCALA FL 34470

7. Name and Address of New Registered Agent

Name RICHARD A. PERRY

Street Address (P.O. Box Number is Not Acceptable)

21 NORTH MAGNOLIA AVENUE

2nd Floor

City Ocala

FL

Zip Code 34475

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

April 20 2005

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PVST ☐ Delete
NAME PERRY, RICHARD A
STREET ADDRESS 1 N.E. 1ST AVENUE, SUITE 303
CITY-ST-ZIP Ocala FL 34470

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVST ☒ Change ☐ Addition
NAME RICHARD A. PERRY
STREET ADDRESS 21 NORTH MAGNOLIA AVE.
CITY-ST-ZIP 2nd Floor, Ocala, FL 34475
As to Address only

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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

4/20/05

352-732-2299

Date

Daytime Phone #