


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90009 019 \*\*\*\*61.25

<b>DOCUMENT # N02000008443</b>		
1. Entity Name PERFECT PEACE OF MIND, INC.		

Principal Place of Business 523 BALL ST NEW SMYRNA BCH, FL 32168	Mailing Address PO BOX 1445 NEW SMYRNA BCH, FL 32170
--	--

34036770

2. Principal Place of Business 1811 Travelers Palm Suite, Apt. #, etc.	3. Mailing Address 5328 Grandin Rd. Ext. 500 Suite, Apt. #, etc.
--	--



04152004 Chg-NP CR2E037 (10/03)

City & State Edgewater, FL	City & State Roanoke, VA
Zip 32132	Country Velasia
Zip 24018	Country Roanoke

4. FEI Number 37-1437908	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	
MCCULLOUGH, RICHARD L 1811 TRAVELERS PALM EDGEWATER, FL 32132	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
---	---	--------------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROOKS, DAVID R CPA 3051 S ATLANTIC AVE #2004 DAYTONA BCH SHORES, FL 32118 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rooks, David R. CPA 1821 Walker Avenue Winter Park, FL 32789 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENEZETTE, ALYN L DR. 4 LAKE ISLE WAY ORMOND BCH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D METZKOW, LINDA 523 BALL ST NEW SMYRNA BCH, FL 32168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Linda Metzkow 629 1/2 Ball St. New Smyrna Beach, FL 32168 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCULLOUGH, RICHARD L 1811 TRAVELERS PALM EDGEWATER, FL 32132 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P, Ses <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOMERS, REBECCA M 523 BALL ST NEW SMYRNA BCH, FL 32168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Rebecca C. Henderlite 5328 Grandin Rd. Ext. 500 Roanoke, VA 24018 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: Rebecca C. Henderlite, Treasurer 4/16/04 540-774-4608  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

54036770

To: Florida Dept. of State

From: Rebecca C. Henderlite, CFP®, CDP, CSA

Re: Absolute Peace of Mind 75-3050377 and  
Perfect Peace of Mind 37-1437908

Date: April 16, 2004

Enclosed are the annual reports and checks for the two corporations noted above. I am also enclosing a copy of my marriage license that indicates my name change. Please let me know if you need anything further.

# COMMONWEALTH OF VIRGINIA

## Certified Copy of Marriage Record

### COMMONWEALTH OF VIRGINIA MARRIAGE REGISTER

COPY A  
FOR CLERK OF COURT

CIRCUIT COURT FOR THE CITY OR COUNTY OF COUNTY OF ROANOKE				CLERK'S NUMBER CML200300393	
1. FULL NAME OF GROOM: (FIRST, MIDDLE, LAST) JAMES HAROLD HENDERLITE					
GROOM	2. AGE: 77	3. DATE OF BIRTH (MONTH, DAY, YEAR) 12/28/1925	4. PLACE OF BIRTH (STATE OR FOREIGN COUNTRY) VA		
	5. NUMBER OF THIS MARRIAGE 2		6. MARITAL STATUS (IF PREVIOUSLY MARRIED) <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced		
	7. EDUCATION (ELEMENTARY OR SECONDARY; SPECIFY HIGHEST GRADE COMPLETED (0-12) (12)		COLLEGE (1-4 OR 5+) (1)		8a. USUAL RESIDENCE, STREET ADDRESS OR RT. NUMBER 5328 GRANDIN ROAD EXT.
	8b. CITY OR TOWN OF RESIDENCE ROANOKE		8c. COUNTY (IF NOT INDEPENDENT CITY) ROANOKE		8d. STATE (OR FOREIGN COUNTRY) VA
	9. NAME OF FATHER ALBERT HERMAN HENDERLITE		10. FULL MAIDEN NAME OF MOTHER THELMA CLYDE JOHNSON		
	11. PRESENT NAME OF BRIDE (FIRST, MIDDLE, LAST) REBECCA CAULINE SOMERS				
		MAIDEN SURNAME (IF DIFFERENT) MCCULLOUGH			
BRIDE	12. AGE: 59	13. DATE OF BIRTH (MONTH, DAY, YEAR) 10/20/1943	14. PLACE OF BIRTH (STATE OR FOREIGN COUNTRY) NC		
	15. NUMBER OF THIS MARRIAGE 2		16. MARITAL STATUS (IF PREVIOUSLY MARRIED) <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced		
	17. EDUCATION (ELEMENTARY OR SECONDARY; SPECIFY HIGHEST GRADE COMPLETED (0-12) (12)		COLLEGE (1-4 OR 5+) (4)		18a. USUAL RESIDENCE, STREET ADDRESS OR RT. NUMBER 5328 GRANDIN ROAD EXT.
	18b. CITY OR TOWN OF RESIDENCE ROANOKE		18c. COUNTY (IF NOT INDEPENDENT CITY) ROANOKE		18d. STATE (OR FOREIGN COUNTRY) VA
	19. NAME OF FATHER RICHARD LEROY MCCULLOUGH		20. FULL MAIDEN NAME OF MOTHER VIVIAN ROBERTA OWENSBY		
	21. TO ANY PERSON LICENSED TO PERFORM MARRIAGES: YOU ARE HEREBY AUTHORIZED TO JOIN THE ABOVE-NAMED PERSONS IN MARRIAGE UNDER PROCEDURE OUTLINED IN THE STATUTES OF THE COMMONWEALTH OF VIRGINIA SIGNATURE > <u>Kenneth M. Brooks</u> (CLERK OF COURT OR DEPUTY) DATE RECEIVED BY CLERK OF COURT FROM OFFICIANT				
MARRIAGE LICENSE NOV 05 2003 DATE ISSUED: 10/17/2003 LICENSE EXPIRES SIXTY DAYS AFTER ABOVE DATE					
MARRIAGE CERTIFICATE					
22. DATE OF MARRIAGE (MONTH, DAY, YEAR) NOVEMBER 1, 2003		23. PLACE OF MARRIAGE (COUNTY OR INDEPENDENT CITY) Albemarle Co. VIRGINIA		24. TYPE OF CEREMONY <input type="checkbox"/> Civil <input checked="" type="checkbox"/> Religious	
25. I CERTIFY THAT I JOINED THE ABOVE-NAMED PERSONS IN MARRIAGE ON THE DATE AND AT THE PLACE SPECIFIED					
SIGNATURE OF OFFICIANT: > <u>Rev. Dr. Benjamin E. Williams</u>		TITLE OF OFFICIANT <u>PASTOR PCUSA</u>			
AUTHORIZED TO PERFORM MARRIAGES BY THE CIRCUIT COURT FOR <u>Roanoke Co.</u> VIRGINIA, IN <u>2003</u>					
NAME OF OFFICIANT (TYPE OR PRINT) <u>Rev. Dr. Benjamin E. Williams</u>		YEAR OF AUTHORIZATION: <u>2003</u>			
ADDRESS OF OFFICIANT <u>412 S. Main St. Roanoke NC 27320</u>					

TO OFFICIANT:

COMPLETE AND SIGN  
CERTIFICATES ON  
BOTH COPIES

RETURN BOTH COPIES  
WITHIN FIVE DAYS  
TO THE CLERK OF  
COURT ISSUING  
LICENSE

SECTION 32.1-267  
CODE OF VIRGINIA

This is to certify that this is a true and correct reproduction or abstract of the official record filed with the Circuit Court for the County of Roanoke, Virginia.

November 5, 2003  
Date Issued (Seal)

Kenneth M. Brooks  
Clerk of Court Deputy Clerk

VOID IF ALTERED OR DOES NOT BEAR IMPRESSED SEAL OF COURT