

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000002069

FILED
Feb 26, 2012
Secretary of State

Entity Name: THE PERFECT PLACE-PHASE ONE INC.

Current Principal Place of Business:

158 TOMOKA AVE
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

158 TOMOKA AV
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 90-0513044

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOREY, ROSA
158 TOMOKA AVE
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: MOREY, ROSA E
Address: 158 TOMOKA AVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: VP
Name: BELL, NITOSHA M
Address: 110 GREY WIDGEON CT.
City-St-Zip: DAYTONA BEACH, FL 32119

Title: S
Name: DOWNS, EARELENE D
Address: 475 JEANETTE DR.
City-St-Zip: ORMOND BEACH, FL 32174

Title: AS
Name: COLEMAN, WILLIAM
Address: 252 S. WASHINGTON ST
City-St-Zip: ORMOND BEACH, FL 32174

Title: SA
Name: MILLER, DANNY
Address: 158 TOMAKA AVE
City-St-Zip: ORMAND BEACH, FL 32174

Title: BM
Name: FEILDS, ANNIE L
Address: 126 N. KEECH ST.
City-St-Zip: DAYTONA BEACH, FL 32114

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROSA E MOREY

R/A

02/26/2012

Electronic Signature of Signing Officer or Director

Date