


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000005632

1. Entity Name
P.E.R.C. INC.



Principal Place of Business 550 SW 12 AVE DEERFIELD BEACH, FL 33442	Mailing Address 550 SW 12 AVE DEERFIELD BEACH, FL 33442
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DO NOT WRITE IN THIS SPACE



01132004 No Chg-NP CR2E037 (10/03)

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

6. Name and Address of Current Registered Agent

**PRICE, DAVID T
 550 SW 12 AVE
 DEERFIELD BEACH, FL 33442**

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

**Filing Fee is \$61.25
 Due by May 1, 2004**

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

UD0000124653
 04/22/04-80053-005 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRICE, DAVID T 550 SW 12 AVE DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITELEATHER, GERALD K P O BOX 1735 N/A MEREDITH, NH 03253
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHRIER, JOSEPH K 19300 STORY ROAD ROCKY RIVER, OH 44116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALE, DAVID B HOPETOWN CREAT ABACO THE BAHAMAS,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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 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: David T. Price DATE: 4-15-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #