


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 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**

DO NOT WRITE IN THIS SPACE



01112005 No Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE Applied For
Not Applicable

5. Certificate of Status Desired **\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PRICE, DAVID T
STREET ADDRESS	550 SW 12 AVE
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	D
NAME	WHITELEATHER, GERALD K
STREET ADDRESS	P O BOX 1735 N/A
CITY-ST-ZIP	MEREDITH, NH 03253
TITLE	D
NAME	SHRIER, JOSEPH K
STREET ADDRESS	19300 STORY ROAD
CITY-ST-ZIP	ROCKY RIVER, OH 44116
TITLE	D
NAME	GALE, DAVID B
STREET ADDRESS	HOPETOWN CREAT ABACO
CITY-ST-ZIP	THE BAHAMAS,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000336717
04/27/05-80135-025 61.25

**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)(f), 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 4-22-05 954-421-9399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #