

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005632

FILED  
Apr 16, 2009  
Secretary of State

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

**Current Principal Place of Business:**

6401 LYONS RD  
COCONUT CREEK, FL 33073

**New Principal Place of Business:**

**Current Mailing Address:**

6401 LYONS RD  
COCONUT CREEK, FL 33073

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PRICE, DAVID T  
6401 LYONS RD  
COCONUT CREEK, FL 33073 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: D ( ) Delete  
Name: PRICE, DAVID T  
Address: 6501 LYONS RD  
City-St-Zip: COCONUT CREEK, FL 33073

Title: D ( ) Delete  
Name: WHITELEATHER, GERALD K  
Address: P O BOX 1735 N/A  
City-St-Zip: MEREDITH, NH 03253

Title: D ( ) Delete  
Name: SHRIER, JOSEPH K  
Address: 19300 STORY ROAD  
City-St-Zip: ROCKY RIVER, OH 44116

Title: D ( ) Delete  
Name: GALE, DAVID B  
Address: HOPETOWN CREAT ABACO  
City-St-Zip: THE BAHAMAS, OC

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DAVID T PRICE

D

04/16/2009

Electronic Signature of Signing Officer or Director

Date