

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90072 049 \*\*\*150.00

**DOCUMENT # P00000021967**

1. Entity Name

PERMADECK CORPORATION



Principal Place of Business

22527 SUNSET AVE., BLDG. 2  
PANAMA CITY BEACH FL 32413-3034

Mailing Address

22527 SUNSET AVE., BLDG. 2  
PANAMA CITY BEACH FL 32413-3034

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

AP-PLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BULLOCK, JIM  
22527 SUNSET AVE., BLDG. 2  
PANAMA CITY BEACH FL 32413-3034

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

*Jim Bullock*  
Signature, typed or printed name of registered agent and title if applicable.

PRESIDENT JIM BULLOCK 4/14/04

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BULLOCK, JIM	
STREET ADDRESS	22527 SUNSET AVENUE	
CITY-ST-ZIP	PANAMA CITY FL 32413	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HOWELL, BETHANY B	
STREET ADDRESS	142 KIMBRELL FARM DRIVE	
CITY-ST-ZIP	LOCUST GROVE GA 30248	
TITLE	T	<input type="checkbox"/> Delete
NAME	BULLOCK, JIM	
STREET ADDRESS	22527 SUNSET AVE	
CITY-ST-ZIP	PANAMA CITY FL 32413	
TITLE	S	<input type="checkbox"/> Delete
NAME	HOWELL, JAY	
STREET ADDRESS	142 KIMBRELL FARM DRIVE	
CITY-ST-ZIP	LOCUST GROVE GA 30248	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Same	
CITY-ST-ZIP		
TITLE	Marina Kuznetsova	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	22527 Sunset Avenue	
STREET ADDRESS	Panama City Beach, FL 32413	
CITY-ST-ZIP		
TITLE	Bethany B. Howell	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	142 Kimbrell Farm Drive	
STREET ADDRESS	Locust Grove, GA 30248	
CITY-ST-ZIP		
TITLE	Jay Howell	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	142 Kimbrell Farm Drive	
STREET ADDRESS	Locust Grove, GA 30248	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 607, 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:

*Jim Bullock*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/04 (850) 249-2530  
Date Daytime Phone #