

# 2005 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

APPROVED  
AND  
FILED


4/27/2005-90349-036-\$150.00-\$150.00

05 MAY 25 PM 2:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1st MOORE CR2E034 (10/04)

|   |                            |                                 |   |   |                               |
|---|----------------------------|---------------------------------|---|---|-------------------------------|
| DOCUMENT # P00000021967   |                            |                                 |   |  |                               |
| 1. Entry Name<br>PERMADECK CORPORATION  |                            |                                 |   |   |                               |
| Principal Place of Business<br>22527 SUNSET AVE., BLDG. 2<br>PANAMA CITY BEACH FL 32413-3034  |                            |                                 | Mailing Address<br>22527 SUNSET AVE., BLDG. 2<br>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                       |
| 4. FEI Number   |                            |                                 | AP-PLIED FOR  |   | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired  |                            |                                 | <input type="checkbox"/> \$8.75 Additional Fee Required   |   |                               |
| 6. Name and Address of Current Registered Agent   |                            |                                 | 7. Name and Address of New Registered Agent   |   |                               |
| BULLOCK, JIM<br>22527 SUNSET AVE., BLDG. 2<br>PANAMA CITY BEACH FL 32413-3034   |                            |                                 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____  |                            |                                 |   |   |                               |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2005 Fee Will Be \$550.00<br>Make Check Payable to Florida Department of State  |                            |                                 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |   |                               |
| 10. OFFICERS AND DIRECTORS  |                            |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |                               |
| TITLE   | P                          | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                               |
| NAME  | BULLOCK, JIM               |                                 | NAME  |   |                               |
| STREET ADDRESS  | 22527 SUNSET AVENUE        |                                 | STREET ADDRESS  |   |                               |
| CITY- ST- ZIP   | PANAMA CITY FL 32413       |                                 | CITY- ST- ZIP   |   |                               |
| TITLE   | VP                         | <input type="checkbox"/> Delete | TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |                               |
| NAME  | KUZNETSOVA, MARINA         |                                 | NAME  | VP BULLOCK, MARINA  |                               |
| STREET ADDRESS  | 22527 SUNSET AVE.          |                                 | STREET ADDRESS  | 22527 SUNSET AVE  |                               |
| CITY- ST- ZIP   | PANAMA CITY BEACH FL 32413 |                                 | CITY- ST- ZIP   | PANAMA CITY BEACH, FL 32413   |                               |
| TITLE   | T                          | <input type="checkbox"/> Delete | TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |                               |
| NAME  | HOWELL, BETHANY B          |                                 | NAME  | JIM BULLOCK   |                               |
| STREET ADDRESS  | 142 KIMBRELL FARM DR.      |                                 | STREET ADDRESS  | 22527 SUNSET AVE  |                               |
| CITY- ST- ZIP   | LOCUST GROVE GA 30248      |                                 | CITY- ST- ZIP   | PANAMA CITY BEACH, FL 32413   |                               |
| TITLE   | S                          | <input type="checkbox"/> Delete | TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |                               |
| NAME  | HOWELL, JAY                |                                 | NAME  | KAYE BENNETT  |                               |
| STREET ADDRESS  | 142 KIMBRELL FARM DR.      |                                 | STREET ADDRESS  | 35 GULFVIEW DRIVE   |                               |
| CITY- ST- ZIP   | LOCUST GROVE GA 30248      |                                 | CITY- ST- ZIP   | PANAMA CITY BEACH, FL 32413   |                               |
| TITLE   |                            | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                               |
| NAME  |                            |                                 | NAME  |   |                               |
| STREET ADDRESS  |                            |                                 | STREET ADDRESS  |   |                               |
| CITY- ST- ZIP   |                            |                                 | CITY- ST- ZIP   |   |                               |
| TITLE   |                            | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                               |
| NAME  |                            |                                 | NAME  |   |                               |
| STREET ADDRESS  |                            |                                 | STREET ADDRESS  |   |                               |
| CITY- ST- ZIP   |                            |                                 | 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: <u>Jim Bullock</u> Jim Bullock 4/23/05 (850) 319-2982  |                            |                                 |   |   |                               |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                            |                                 |   |   |                               |
| Date Daytime Phone #  |                            |                                 |   |   |                               |