

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90185 006 ***150.00

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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
SAME

3. Mailing Address
SAME

Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-3630041** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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* **Jim Bullock** 4/22/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 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 NAME	P BULLOCK, JIM	<input type="checkbox"/> Delete
STREET ADDRESS	22527 SUNSET AVENUE	
CITY-ST-ZIP	PANAMA CITY FL 32413	
TITLE NAME	VP BULLOCK, GAIL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	22527 SUNSET AVE	
CITY-ST-ZIP	PANAMA CITY FL 32413	
TITLE NAME	T BULLOCK, JIM	<input type="checkbox"/> Delete
STREET ADDRESS	22527 SUNSET AVE	
CITY-ST-ZIP	PANAMA CITY FL 32413	
TITLE NAME	S BULLOCK, GAIL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	22527 SUNSET AVENUE	
CITY-ST-ZIP	PANAMA CITY FL 32413	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	VP BETHANY BULLOCK HOWELL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	142 KIMBRELL FARM DRIVE	
CITY-ST-ZIP	LOCUST GROVE, GA 30248	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	S JAY HOWELL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	142 KIMBRELL FARM DRIVE	
CITY-ST-ZIP	LOCUST GROVE, GA 30248	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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* **Jim Bullock** 4/22/03 (850) 819-6107
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)