

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 11, 2006 8:00 am
Secretary of State

09-11-2006 90004 045 ***150.00

DOCUMENT # P00000047718

1. Entity Name
PERFECT PROCESSING SERVICES, INC.



Principal Place of Business

~~1441 MANOTAK AVE~~ ~~#2506~~
~~JACKSONVILLE, FL 32210~~
10057 Eastern Lake Ave #103
Orlando FL 32817

Mailing Address P.O. Box 781011
~~PO BOX 40741~~ Orlando FL 32878
JACKSONVILLE, FL 32203



05082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3646925

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

~~1441 MANOTAK AVE~~ ~~#2506~~
~~JACKSONVILLE, FL 32210~~
KEARSE, LATONYA D
10057 Eastern Lake Ave #103
Orlando FL 32817

**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 *Latonya D. Kearse*

8-30-06

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
Due by September 8, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME KEARSE, LATONYA D
STREET ADDRESS ~~1441 MANOTAK AVE #2506~~ 10057 Eastern Lake Ave #103
CITY-ST-ZIP JACKSONVILLE, FL 32210 Orlando FL 32817

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Latonya D. Kearse*

8-30-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #