## 2006 FOR PROFIT CORPORATION

## **Secretary of State** ANNUAL REPORT 05-03-2006 90215 006 \*\*\*158.75 DOCUMENT # P00000054178 1. Entity Name PLANNED PERFECTION INC. 40081421 Principal Place of Business Mailing Address 5245 RAMSEY WAY 5245 RAMSEY WAY SUITE #1 SUITE #1 FORT MYERS, FL 33907 FORT MYERS, FL 33907 3. Mailing Address 10975 S. Cleveland Ave. 2. Principal Place of Business 0970 S. Wereland 04272006 CR2E034 (11/05) Chg-P 60 City & State 4. FEI Number Applied For 65-1015543 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RUSSO, EDMUND A Box Number is Not Acceptable) 5245 RAMSEY WAY #1 FORT MYERS, FL 33907 3907 11) yers 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 register Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. П Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change RUSSO, EDMUND A NAME NAME 10970 Cheveland Ave. #60) STREET ADDRESS 5245 RAMSEY WAY STE #1 STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33907 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ 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 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

address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 4

**FILED** 

May 03, 2006 8:00 am