

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90094 017 \*\*\*150.00

**DOCUMENT # P0000060127**

1. Entity Name

PERRINI, INC.



Principal Place of Business

19585 M ST RD 7  
BOCA RATON FL 33498

Mailing Address

4831 N.W. 76TH PLACE  
POMPAÑO BEACH FL 33073

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1019476

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

JONES, KENNETH M  
MOODY, JONES, MONTEFUSCO & KRAUSE, P.A.  
1333 S. UNIVERSITY DRIVE STE 201  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name  
Jonathon Westervelt - Perrini's Pizzeria

Street Address (P.O. Box Number is Not Acceptable)

19585 M St. Rd 7

Boca Raton

FL

33498

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

*Jonathon Westervelt* Jonathon Westervelt 1-21-04

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, 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	PD	<input type="checkbox"/> Delete
NAME	WESTVELT, ESTELLE	
STREET ADDRESS	4831 N.W. 76TH PLACE	
CITY-ST-ZIP	POMPAÑO BEACH FL 33073	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	WESTERVELT, JONATHAN	
STREET ADDRESS	4831 N.W. 76TH PLACE	
CITY-ST-ZIP	POMPAÑO BEACH FL 33073	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	WESTVELT, Estelle	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESTVELT, Estelle	
STREET ADDRESS	* name is incorrectly spelled	
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		
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:** *Estelle Westervelt* Estelle Westervelt

1-21-04

561-488-4371

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #