

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90017 044 ***158.75

DOCUMENT # P00000060127

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
POMPANO BEACH FL 33073



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number

65-1019476

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WESTERVELT, JONATHAN
PARRINI'S PIZZERIA
19585 M ST. RD 7
BOCA RATON FL 33498

Name Patrick Rooney - Perrini's Pizzeria
Street Address (P.O. Box Number is Not Acceptable)
19585-m St Rd 7
Boca Raton
City FL Zip Code 33498

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

(Treasurer) Patrick Rooney 1-31-06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	WESTERVELT, ESTELLE	
STREET ADDRESS	4831 N.W. 76TH PLACE	
CITY-ST-ZIP	POMPANO BEACH FL 33073	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	WESTERVELT, JONATHAN	
STREET ADDRESS	4831 N.W. 76TH PLACE	
CITY-ST-ZIP	POMPANO BEACH FL 33073	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROONEY, PATRICK	
STREET ADDRESS	4831 NW 76TH PL	
CITY-ST-ZIP	POMPANO BEACH FL 33073	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jonathon Westervelt (vp.) 1-30-06 561-488-4371

Date

Daytime Phone #