

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000064841

Entity Name: PERIOP SOLUTIONS, INC.

FILED  
May 02, 2005  
Secretary of State

## Current Principal Place of Business:

5524 SALEM SQUARE DRIVE NORTH  
PALM HARBOR, FL 34685

## New Principal Place of Business:

120 KYFIELDS  
WEAVERVILLE, NC 28787

## Current Mailing Address:

5524 SALEM SQUARE DRIVE NORTH  
PALM HARBOR, FL 34685

## New Mailing Address:

120 KYFIELDS  
WEAVERVILLE, NC 28787

FEI Number: 59-3657397

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PINA, OLGA M ESQ.  
501 E. KENNEDY BLVD.  
SUITE 1700  
TAMPA, FL 33602 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ADAMIEC, JAMES J  
Address: 5524 SALEM SQUARE DRIVE NORTH  
City-St-Zip: PALM HARBOR, FL 34685

Title: P ( ) Delete  
Name: ADAMIEC, SANDRA L  
Address: 5524 SALEM SQUARE DRIVE NORTH  
City-St-Zip: PALM HARBOR, FL 34685

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: ADAMIEC, JAMES J  
Address: 120 KYFIELDS  
City-St-Zip: WEAVERVILLE, NC 28787

Title: P (X) Change ( ) Addition  
Name: ADAMIEC, SANDRA L  
Address: 120 KYFIELDS  
City-St-Zip: WEAVERVILLE, NC 28787

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES J. ADAMIEC

VP

05/02/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date