


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90012 021 ***150.00

DOCUMENT # P00000073728	
1. Entity Name PERRY CONTRACTING CO.	

Principal Place of Business 721 E. MAIN ST. LEESBURG FL 34748	Mailing Address P O BOX 491071 LEESBURG FL 34749
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2. Principal Place of Business - No P.O. Box # 1344 SPRING LAKE RD.	3. Mailing Address Suite, Apt. #, etc.
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City & State FRUITLAND PARK, FL.	City & State
Zip 34731	Country USA



1st MOORE CR2E034 (10/07)

4. FEI Number 59-3664144		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent PERRY, BEN 420 SUNNYSIDE DRIVE LEESBURG FL 34748		
7. Name and Address of New Registered Agent Name BEN PERRY Street Address (P.O. Box Number is Not Acceptable) 1344 SPRING LAKE RD. City FRUITLAND PARK FL Zip Code 34731		

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PERRY, BEN P O BOX 491071 LEESBURG FL 34749 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **BEN PERRY** **2/8/08** **352-267-0950**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #