

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000037208

FILED
Nov 11, 2009
Secretary of State**Entity Name:** DAVID PERKINS ENTERPRISES, INC.**Current Principal Place of Business:**4626 BAYWOOD DR
LYNN HAVEN, FL 32444**New Principal Place of Business:****Current Mailing Address:**4626 BAYWOOD DR
LYNN HAVEN, FL 32444**New Mailing Address:****FEI Number:** 59-3722912**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PERKINS, DAVID
4626 BAYWOOD DR
LYNN HAVEN, FL 32444 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**OFFICERS AND DIRECTORS:****Title:** P () Delete
Name: PERKINS, DAVID
Address: 4626 BAYWOOD DR
City-St-Zip: LYNN HAVEN, FL 32444**Title:** VP () Delete
Name: PERKINS, MARY A
Address: 4626 BAYWOOD DR
City-St-Zip: LYNN HAVEN, FL 32444**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** VP (X) Change () Addition
Name: PERKINS, DAVID J
Address: 1908 MINNESOTA AVE
City-St-Zip: LYNN HAVEN, FL 32444

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DAVID PERKINS

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11/11/2009

Electronic Signature of Signing Officer or Director_____
Date