

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED
AND
FILED

05 MAY 11 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05072005 Chg-P CR2E034 (10/03) **MRD**

DOCUMENT # P01000071202 1. Entity Name PERRY PREIS, P.A.			
Principal Place of Business 3865 BRAMPTON ISLAND CT. NORTH JACKSONVILLE, FL 32224		Mailing Address 3865 BRAMPTON ISLAND CT. NORTH JACKSONVILLE, FL 32224	
2. Principal Place of Business 7518 SCARLET IBIS LA Suite, Apt. #, etc.		3. Mailing Address 7518 SCARLET IBIS LA. Suite, Apt. #, etc.	
City & State JACKSONVILLE, FL Zip 32256		City & State JACKSONVILLE, FL. Zip 32256	
Country USA		Country USA	
4. FEI Number 59-3734831		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 PREIS, PERRY 3865 BRAMPTON ISLAND CT. NORTH JACKSONVILLE, FL 32224		7. Name and Address of New Registered Agent Name PREIS, Perry Street Address (P.O. Box Number is Not Acceptable) 7518 SCARLET IBIS LA. City JACKSONVILLE FL Zip Code 32256	
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 Perry S. Preis Perry S. Preis 5/6/2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PREIS, PERRY 3865 BRAMPTON ISLAND CT. NORTH JACKSONVILLE, FL 32224	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Perry S. Preis 7518 SCARLET IBIS LA. JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT EDITH MELNICK 7518 SCARLET IBIS LA. JACKSONVILLE, FL 32256	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900055206989 05/24/05--01071--022 **\$1.25
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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: Perry S. Preis Perry S. Preis 5/6/2005 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		904-994-9985 <small>Date Daytime Phone #</small>	