

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90025 019 \*\*\*150.00

**DOCUMENT # P02000019383**

1. Entity Name

PERCS USA, INC.



Principal Place of Business

401-B YELVINGTON AVE  
CLEARWATER FL 33755

Mailing Address

C/O TEMPLE H. DRUMMOND, ESQ  
~~6714 113TH AVE~~  
TEMPLE TERRACE FL 33617

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

6325 Jacqueline Arbor Dr.  
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Zip

Country

City & State

Temple Terrace, FL

Zip  
33617

Country

4. FEI Number

04-3636947

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DRUMMOND, TEMPLE H  
~~6714 113TH AVE~~  
TEMPLE TERRACE FL 33617

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

6325 Jacqueline Arbor Drive

City

FL

Zip Code

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

Temple H. Drummond, Temple H. Drummond

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

(NOTE: Registered Agent signature required when reinstating)

1/22/04  
DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WORKMAN, STEPHEN S	
STREET ADDRESS	2333 CAERLEON ROAD	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carolyn Bradham	
STREET ADDRESS	401-B Yelvington Ave.	
CITY-ST-ZIP	Clearwater, FL 33755	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	August R. Curcio	
STREET ADDRESS	401-B Yelvington Ave.	
CITY-ST-ZIP	Clearwater, FL 33755	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lawrence Schiff	
STREET ADDRESS	401-B Yelvington Ave.	
CITY-ST-ZIP	Clearwater, FL 33755	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Carolyn Bradham  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/04  
Date

Daytime Phone #