

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P02000047715

1. Entity Name  
BOB PERRY CONST. CORP.



Principal Place of Business

ZAIRE TRAIL  
LAMONT, FL 32336 US

Mailing Address

P.O. BOX 87  
LAMONT, FL 32336 US

**FILED**  
**Mar 25, 2008 08:00 AM**  
**Secretary of State**



03092008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
50-0005740

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

PERRY, ROBERT W  
ZAIRE TRAIL  
MADISON, FL 32336

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	PERRY, ROBERT W
STREET ADDRESS	P.O. BOX 87
CITY-ST-ZIP	LAMONT, FL 32336
TITLE	VP
NAME	PERRY, ROBERT N
STREET ADDRESS	468 SW ZAIRE TRAIL
CITY-ST-ZIP	LAMONT, FL 32336
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000870186  
04/09/08-80079-016 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/08

Date

Daytime Phone #