

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000047715

FILED
Apr 30, 2009
Secretary of State

Entity Name: BOB PERRY CONST. CORP.

Current Principal Place of Business:

ZAIRE TRAIL
LAMONT, FL 32336 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 87
LAMONT, FL 32336 US

New Mailing Address:

FEI Number: 50-0005740

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERRY, ROBERT W
ZAIRE TRAIL
MADISON, FL 32336 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PERRY, ROBERT W
Address: P.O. BOX 87
City-St-Zip: LAMONT, FL 32336

Title: VP () Delete
Name: PERRRY, ROBERT N VP
Address: 468 SW ZAIRE TRAIL
City-St-Zip: LAMONT, FL 32336

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: PERRRY, ROBERT N
Address: 468 SW ZAIRE TRAIL
City-St-Zip: LAMONT, FL 32336

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: ROBERT W. PERRY

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date