


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90137 031 ***150.00

DOCUMENT # P02000058994	
1. Entity Name THE PERFECT STORM PROTECTION COMPANY, INC	

Principal Place of Business 7540 W. MCNAB RD. # E-6 NORTH LAUDERDALE, FL 33068	Mailing Address 7540 W. MCNAB RD. # E-6 NORTH LAUDERDALE, FL 33068
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40050820



2. Principal Place of Business - No P.O. Box # 7542 W. McNab Rd. Suite, Apt. #, etc. # D-25	3. Mailing Address 7542 W. McNab Rd. Suite, Apt. #, etc. # D-25
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04032007 Chg-P CR2E034 (12/06)

City & State NORTH LAUDERDALE, FL	City & State NORTH LAUDERDALE, FL
Zip 33068	Zip 33068
Country U.S.A.	Country U.S.A.

4. FEI Number
48-1262265

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

6. Name and Address of Current Registered Agent BOOKER, MARK DENNIS 7540 W. MCNAB RD. # E-6 NORTH LAUDERDALE, FL 33068	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7542 W. McNab Rd # D-25 City NORTH LAUDERDALE FL Zip Code 33068	
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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 <u>Mark D Booker</u> DATE <u>4/3/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOOKER, MARK D 7540 W. MCNAB RD., #E-6 NORTH LAUDERDALE, FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7542 W. McNab Rd # D-25 North Lauderdale, FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>Mark D Booker</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>MARK D-BOOKER</u> <u>4/3/07</u> <u>954-597-2866</u> <small>Date Daytime Phone #</small>