

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90121 025 \*\*\*150.00

**DOCUMENT # P02000115815**

1. Entity Name

PERFECT SOLUTIONS OF JACKSONVILLE, INC.



Principal Place of Business

2074 MATEFIELD RD.  
JACKSONVILLE, FL 32225

Mailing Address

2074 MATEFIELD RD.  
JACKSONVILLE, FL 32225



04072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

13-4221109

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DURHAM, TOM  
2074 MATEFIELD RD.  
JACKSONVILLE, FL 32225

**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 reinstating)

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	PD
NAME	DURHAM, TOM
STREET ADDRESS	2074 MATEFIELD RD.
CITY - ST - ZIP	JACKSONVILLE, FL 32225
TITLE	V
NAME	DURHAM, WILLIAM D
STREET ADDRESS	6617 BLACKWOOD DRIVE
CITY - ST - ZIP	JACKSONVILLE, FL 32277
TITLE	VP
NAME	HODGES, DAVID A
STREET ADDRESS	8787 SOUTHSIDE BLVD APT 114
CITY - ST - ZIP	JACKSONVILLE, FL 32256
TITLE	VP
NAME	Tommy L. Durham Jr.
STREET ADDRESS	3398 HAMMISTEAD DR.
CITY - ST - ZIP	JACKSONVILLE, FL 32225
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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:**

*Tommy L. Durham Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/08

Date

904-277-5794

Daytime Phone #