

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000128328

1. Entity Name

PERFECTION SERVICES OF SOUTHWEST FLORIDA  
INC.



Principal Place of Business

504 CENTER RD.  
BLDG. B, UNIT 2  
FORT MYERS, FL 33907

Mailing Address

504 CENTER RD.  
BLDG. B, UNIT 2  
FORT MYERS, FL 33907

**DO NOT WRITE IN THIS SPACE**

**FILED**  
**Jul 15, 2008 08:00 AM**  
**Secretary of State**



05132008 No Chg-P CR2E034 (11/05)

4. FEI Number

04-3730614

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GRANT, TODD  
2700 SCUPPERNONG ROAD  
LABELLE, FL 33935

**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 \$550.00**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution ☐

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PST  
GRANT, TODD  
2700 SCUPPERNONG ROAD  
LABELLE, FL 33935

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SEC  
GRANT, GINGER M SECRETA  
2700 SCUPPERNONG RD.  
LABELLE, FL 33935

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000954939  
07/15/08-80004-010 550.00

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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

Date

Daytime Phone #