

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000012902 1. Entity Name PALACE OF PERFECTION, INC.	
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Principal Place of Business 6537 54TH AVENUE NORTH ST. PETERSBURG, FL 33709	Mailing Address 6537 54TH AVENUE NORTH ST. PETERSBURG, FL 33709
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DO NOT WRITE IN THIS SPACE



04222005 No Chg-P CR2E034 (10/03)

4. FEI Number 16-1653583	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RANDLEMAN, PAULETTE 4800 6TH AVENUE SOUTH ST. PETERSBURG, FL 33711

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IN THIS SPACE**

I, 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPT RANDLEMAN, PAULETTE 4800 6TH AVE S ST PETERSBURG, FL 33711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RANDLEMAN, PAULETTE 4800 6TH AVE S ST PETERSBURG, FL 33711
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04/25/05-80092-009 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Paulette Randleman 4-22-05 (727) 544-5888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #