

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000014160

1. Entity Name
PERMETER FARMS, INC.



Principal Place of Business
43 LAIRD ROAD
CRESTVIEW, FL 32561

Mailing Address
43 LAIRD ROAD
CRESTVIEW, FL 32561



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 16-1653402	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PERMETER, WILLIAM D
236 SABINE DRIVE
PENSACOLA BEACH, FL 32561

**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 filer (application) (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**

U00000785168
01/16/08-80084-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PERMETER, WILLIAM D
STREET ADDRESS	236 SABINE DRIVE
CITY- ST- ZIP	PENSACOLA BEACH, FL 32561

TITLE	D
NAME	PERMETER, ELIZABETH A
STREET ADDRESS	236 SABINE DRIVE
CITY- ST- ZIP	PENSACOLA BEACH, FL 32561

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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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: *Elizabeth A. Permeter*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/08
Date

850 892-2103
Daytime Phone #