

FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # **P03000032237**

1. Entity Name

PERRYMAN LATHING & STUCCO INC



FILED

06 MAY -1 AM 10:47

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4853 OLD BAINBRIDGE RD.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

City & State

Zip

32303

Country

Zip

Country

4. FEI Number

96-0826481

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

CR2E034B (8/05)

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

DONALD L. PERRYMAN

Street Address (P.O. Box Number is Not Acceptable)

4853 OLD BAINBRIDGE RD.

City

TALLAHASSEE

FL

Zip Code

32303

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

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

R DONALD L. PERRYMAN

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**400075027494
05/22/06--01035--008 **150.00**

TITLE
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CITY - ST - ZIP

**4853 OLD BAINBRIDGE RD.
TALLAHASSEE 32303**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE

Donald L. Perryman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-06

Date

Daytime Phone #