

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90298 035 ***150.00

DOCUMENT # P03000037344 1. Entity Name PERL & ASSOCIATES, INC.																													
Principal Place of Business 1111 S. FEDERAL HIGHWAY SUITE 118 STUART, FL 34994			Mailing Address 1111 S. FEDERAL HIGHWAY SUITE 118 STUART, FL 34994																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																										
City & State			City & State																										
Zip		Country		Zip																									
Country		Country		4. FEI Number 51-0462807																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent COVEY, JAMES P 1111 S. FEDERAAAL HIGHWAY SUITE 14 STUART, FL 34994				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1111 S. FEDERAL HIGHWAY City FL Zip Code																									
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>COVEY, JAMES P</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1111 S. FEDERAL HIGHWAY SUITE 118</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>STUART, FL 34994</td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Delete	NAME	COVEY, JAMES P		STREET ADDRESS	1111 S. FEDERAL HIGHWAY SUITE 118		CITY-ST-ZIP	STUART, FL 34994		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>PRESIDENT ANDREW PERL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2206 SW RANCH TRAIL</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>STUART, FL 34997</td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	PRESIDENT ANDREW PERL		STREET ADDRESS	2206 SW RANCH TRAIL		CITY-ST-ZIP	STUART, FL 34997	
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.																													
SIGNATURE: <u>Andrew Perl</u> ANDREW PERL <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4/26/04 772-286-9390 <small>Date Daytime Phone #</small>																									