


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90018 030 ***150.00

DOCUMENT # P03000084888 1. Entity Name PERRONE PROPERTIES, INC.					
Principal Place of Business 318 TANGERINE 585 N. COURTENAY PKWY MERRITT ISLAND, FL 32953 SUITE 302				Mailing Address 318 TANGERINE 585 N. COURTENAY PKWY, STE 302 MERRITT ISLAND, FL 32953	
2. Principal Place of Business - No P.O. Box # 585 N. COURTENAY PKWY				3. Mailing Address 585 N. COURTENAY PKWY	
Suite, Apt. #, etc. 302				Suite, Apt. #, etc. 302	
City & State MERRITT ISLAND FL				City & State MERRITT ISLAND FL	
Zip 32953		Country US		4. FEI Number 43-2026510	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01032007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent PERRONE, RALPH S 318 TANGERINE 585 N. COURTENAY PKWY MERRITT ISLAND, FL 32953 STE 302				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE:</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRONE, RALPH S 318 TANGERINE 585 N. COURTENAY PKWY MERRITT ISLAND, FL 32953 STE 302		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					