


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90027 036 \*\*\*150.00

DOCUMENT # P03000095369					
1. Entity Name RICHARD PERKINS, INC.					
Principal Place of Business 223 WEST GREGORY STREET PENSACOLA, FL 32502 US			Mailing Address 223 WEST GREGORY STREET PENSACOLA, FL 32502 US		
2. Principal Place of Business - No P.O. Box # 29 SOUTH DEVILLIERS STREET Suite, Apt. #, etc.		3. Mailing Address 29 SOUTH DEVILLIERS STREET Suite, Apt. #, etc.			
City & State PENSACOLA, FL		City & State PENSACOLA FL		4. FEI Number 14-1894110	
Zip 32502		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PERKINS, RICHARD K 223 WEST GREGORY STREET PENSACOLA, FL 32502			7. Name and Address of New Registered Agent Name RICHARD K PERKINS Street Address (P.O. Box Number is Not Acceptable) 29 SOUTH DEVILLIERS STREET City PENSACOLA FL Zip Code 32502		
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: <u>Richard Perkins</u> DATE: <u>1/31/08</u> <small>Signature, typed or printed name of registered agent and state of incorporation (NOTE: Registered agent signature required when re-registering) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		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 P	NAME PERKINS, RICHARD K		TITLE PRESIDENT	NAME RICHARD K PERKINS	
STREET ADDRESS 223 WEST GREGORY STREET	CITY-ST-ZIP PENSACOLA, FL 32502		STREET ADDRESS 29 SOUTH DEVILLIERS STREET	CITY-ST-ZIP PENSACOLA FL 32502	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
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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: <u>Richard Perkins</u>			DATE: <u>1/31/08</u>		DAYTIME PHONE # <u>850 432 0102</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>

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