

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000113765

1. Entity Name
PERMA BUILT HOMES INC.



Principal Place of Business
6329 KATHLEEN DRIVE
HUDSON, FL 34667

Mailing Address
6329 KATHLEEN DRIVE
HUDSON, FL 34667



01202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0519928

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MCKINNEY, JOHN
6329 KATHLEEN DRIVE
HUDSON, FL 34667

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCKINNEY, JOHN
STREET ADDRESS	6329 KATHLEEN DRIVE
CITY-ST-ZIP	HUDSON, FL 34667
TITLE	V
NAME	MCKINNEY, LOUISE O
STREET ADDRESS	6329 KATHLEEN DRIVE
CITY-ST-ZIP	HUDSON, FL 34667
TITLE	S
NAME	WOLFSTON, JAMES H
STREET ADDRESS	4234 CAVEHILL RD
CITY-ST-ZIP	SPRING HILL, FL 346061905

000000600764
01/26/07-80021-025 158.75

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/07 727-389-2738

Date

Daytime Phone #