

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90468 031 ***150.00

DOCUMENT # P03000116532 1. Entity Name PERCEPTIONS MARKETING & PUBLIC RELATIONS, INC.			
Principal Place of Business 405 FIREWOOD AVE. EUSTIS, FL 32726		Mailing Address P. O. BOX 345 MT. DORA, FL 32756	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Zip Country		City & State Zip Country	
4. FEI Number 51-0486885		Accepted For Not Acceptable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number's 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 qualifications of registered agent. SIGNATURE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$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 PTD BAKER, LORI M 405 FIREWOOD AVE. EUSTIS, FL 32726	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP 33417 Wesley Rd Eustis, FL 32736	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP VSD MAIMONE, DIANE D 405 FIREWOOD AVE. EUSTIS, FL 32726	☐ Delete		☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 I 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 another be empowered.			
SIGNATURE: <u>Diane D. Maimone</u> Diane D. Maimone, V.P. 4/8/04 352-409-5667 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			