

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

|                                                                                                                                                                                                                               |                                                                                                              |     |                                                               |                                                                                                                                                                         |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P03000145849</b><br>1. Entity Name<br><b>PUNCH OUT PERFECTION, INC.</b>                                                                                                                                         |                                                                                                              |     |                                                               |                                                                                        |  |
| Principal Place of Business<br><b>2012 E RD<br/>JACKSONVILLE FL 32216</b>                                                                                                                                                     |                                                                                                              |     | Mailing Address<br><b>2012 E RD<br/>JACKSONVILLE FL 32216</b> |                                                                                                                                                                         |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.                                                                                                                                                         |                                                                                                              |     | 3. Mailing Address<br>Suite, Apt. #, etc.                     |                                                                                                                                                                         |  |
| City & State                                                                                                                                                                                                                  |                                                                                                              |     | City & State                                                  |                                                                                                                                                                         |  |
| Zip                                                                                                                                                                                                                           | Country                                                                                                      | Zip | Country                                                       | 4. FEI Number <b>05-0595198</b> <div style="float: right;"> <input type="checkbox"/> Applied For<br/> <input type="checkbox"/> Not Applicable         </div>            |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                               |                                                                                                              |     |                                                               | 1st MOORE CR2E034 (10/07)                                                                                                                                               |  |
| 6. Name and Address of Current Registered Agent<br><br><b>WOMACK, DAVID M<br/>2012 EAST RD<br/>JACKSONVILLE FL 32216</b>                                                                                                      |                                                                                                              |     |                                                               | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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 _____                                                                                                                                       |                                                                                                              |     |                                                               |                                                                                                                                                                         |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                               |                                                                                                              |     |                                                               | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                      |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                    |                                                                                                              |     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         |                                                                                                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | PS<br><b>WOMACK, DAVID M SR<br/>2012 EAST ROAD<br/>JACKSONVILLE FL 32216</b> <input type="checkbox"/> Delete |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                | <div style="text-align: center;"> <b>U000000883132</b><br/> <b>04/16/08-80069-004 150.00</b> </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                              |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                              |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                              |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                              |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                              |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *David M. Womack* **DAVID M. WOMACK**

6.00

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(904)  
626 9166