
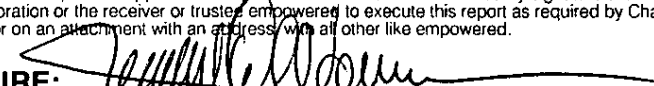


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 09, 2005 8:00 am
Secretary of State

09-09-2005 90028 036 ***550.00

DOCUMENT # P03000152352		
1. Entity Name JERRY PERRY, INC.		
Principal Place of Business 6068 CHEVY CHASE STREET WEST PALM BEACH, FL 33413	Mailing Address 6068 CHEVY CHASE STREET WEST PALM BEACH, FL 33413	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PERRY, JERRY D 6068 CHEVY CHASE STREET WEST PALM BEACH, FL 33413		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
DATE _____		
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRY, JERRY D 6068 CHEVY CHASE STREET WEST PALM BEACH, FL 33413	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Warner, Ronald D 1897 Palm Beach Lks Blvd, #226 West Palm Beach, FL. 33409	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		9/1/5 (561) 686-8666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #

50065856



08162005 No Chg-P CR2E034 (10/03)

4. FEI Number
03-0533780

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

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IN THIS SPACE**