## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000155244

Entity Name: PERFECTION PLUS, INC.

FILED Feb 14, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6501 IDLEWILD STREET 3718 BLUE HERON DRIVE FORT MYERS, FL 33912 FORT MYERS, FL 33908

Current Mailing Address: New Mailing Address:

6501 IDLEWILD STREET 3718 BLUE HERON DRIVE FORT MYERS, FL 33912 FORT MYERS, FL 33908

FEI Number: 20-0515365 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DAVIS, MARK A
6501 IDLEWILD STREET
FORT MYERS, FL 33912 US

DAVIS, MARK A
3718 BLUE HERON DRIVE
FORT MYERS, FL 33908 US

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.

SIGNATURE: 02/14/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition

Name: DAVIS, MARK A Name: DAVIS, MARK A

 Address:
 6501 IDLEWILD STREET
 Address:
 3718 BLUE HERON DRIVE

 City-St-Zip:
 FORT MYERS, FL 33912
 City-St-Zip:
 FORT MYERS, FL 33908

 Name:
 DAVIS, MARK A
 Name:
 DAVIS, MARK A

 Address:
 6501 IDLEWILD STREET
 Address:
 3718 BLUE HERON DRIVE

City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: FORT MYERS, FL 33908

Name: DAVIS, MARK A Name: DAVIS, MARK A

 Address:
 6501 IDLEWILD STREET
 Address:
 3718 BLUE HERON DRIVE

 City-St-Zip:
 FORT MYERS, FL 33912
 City-St-Zip:
 FORT MYERS, FL 33908

Title: TR () Delete Title: TR (X) Change () Addition

Name: DAVIS, MARK A Name: DAVIS, MARK A

Address: 6501 IDLEWILD STREET Address: 3718 BLUE HERON DRIVE
City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: FORT MYERS, FL 33908P

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK A. DAVIS P 02/14/2005