

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000019501

1. Entity Name
PERCOLORS INC.



Principal Place of Business
5700 PRISCILLA LANE
LAKE WORTH, FL 33463

Mailing Address
5700 PRISCILLA LANE
LAKE WORTH, FL 33463

FILED
Apr 24, 2006 08:00 AM
Secretary of State



04062006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0651906 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PERMAUL, CHARLES
5700 PRISCILLA LANE
LAKE WORTH, FL 33463

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	PERMAUL, CHARLES
STREET ADDRESS	5700 PRISCILLA LANE
CITY-ST-ZIP	LAKE WORTH, FL 33463
TITLE	VP
NAME	PERMAUL, ELIZABETH
STREET ADDRESS	5700 PRISCILLA LANE
CITY-ST-ZIP	LAKE WORTH, FL 33463
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000530678
05/06/06-80007-018 150.00

**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: Charles Permaul CHARLES PERMAUL 4-20-06. 561968885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #