

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90042 014 ***150.00

DOCUMENT # P04000022896

1. Entity Name

PERRY WINKLE CONCEPTS, INC.



Principal Place of Business

147 PARK DRIVE
SATSUMA, FL 32189

Mailing Address

147 PARK DRIVE
SATSUMA, FL 32189

50018638

2. Principal Place of Business

118 W. CAMELOT DR.

Suite, Apt. #, etc.

3. Mailing Address

118 W. CAMELOT DR.

Suite, Apt. #, etc.

01232005

Chg-P

CR2E034 (10/03)

City & State

PALATKA, FL

City & State

PALATKA, FL

4. FEI Number

34-1977731

Applied For

Not Applicable

Zip

32177

Country

USA

Zip

32177

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERMAN, F.E.
147 PARK DRIVE
SATSUMA, FL 32189

Name

HERMAN, F.E.

Street Address (P.O. Box Number is Not Acceptable)

118 W. CAMELOT DR.

City

PALATKA

FL

Zip Code

32177

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HERMAN, F.E.	
STREET ADDRESS	147 PARK DRIVE	
CITY-ST-ZIP	SATSUMA, FL 32189	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERMAN, ALLEN M	
STREET ADDRESS	147 PARK DRIVE	
CITY-ST-ZIP	SATSUMA, FL 32189	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D, P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERMAN, F.E.	
STREET ADDRESS	118 W. CAMELOT DR.	
CITY-ST-ZIP	PALATKA, FL 32177	
TITLE	D, VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERMAN, ALLEN M.	
STREET ADDRESS	118 W. CAMELOT DR.	
CITY-ST-ZIP	PALATKA, FL 32177	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

F.E. Herman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

F.E. HERMAN
PRESIDENT

2/21/05

Date

(386) 329-1134

Daytime Phone #