

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000068904

FILED
Jun 04, 2007
Secretary of State

Entity Name: PERFECT WEATHER CONTRACTOR, INC.

Current Principal Place of Business:

3803 CLUB CIRCLE
LAKESHORE, FL 33854

New Principal Place of Business:

113 6TH. ST. N
LAKE HAMILTON, FL 33851

Current Mailing Address:

PO BOX 8973
LAKESHORE, FL 33854

New Mailing Address:

PO BOX 595
LAKE HAMILTON, FL 33851

FEI Number: 43-2049204

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORRES, JAFET
3803 CLUB CIR
LAKE SHORE, FL 33854 US

Name and Address of New Registered Agent:

TORRES, JAFET
113 6TH. ST. N
LAKE HAMILTON, FL 33851 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: _____

Electronic Signature of Registered Agent

06/04/2007

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TORRES, JAFET
Address: P O BOX 8973
City-St-Zip: LAKESHORE, FL 33854

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TORRES, JAFET
Address: P O BOX 595
City-St-Zip: LAKE HAMILTON, FL 33851

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JAFET TORRES

P

06/04/2007

Electronic Signature of Signing Officer or Director

Date