

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # P04000085561

1. Entity Name
PERFECT CIRCLE HOME AND GARDEN, INC.



Principal Place of Business
5674 SE ORANGE BLOSSOM TRAIL
HOBE SOUND, FL 33455

Mailing Address
5674 SE ORANGE BLOSSOM TRAIL
HOBE SOUND, FL 33455



04302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
77-0637173

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FLEMMING, CHARLES M
5674 SE ORANGE BLOSSOM TRAIL
HOBE SOUND, FL 33455

**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

4/30/07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000759171
05/24/07-80031-023 150.00

10. OFFICERS AND DIRECTORS

TITLE DP
NAME FLEMMING, CHARLES M
STREET ADDRESS 5674 SE ORANGE BLOSSOM TRAIL
CITY-ST-ZIP HOBE SOUND, FL 33455

TITLE DV
NAME KEFAUVER, DOROTHY J
STREET ADDRESS 5674 SE ORANGE BLOSSOM TRAIL
CITY-ST-ZIP HOBE SOUND, FL 33455

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/30/07

Daytime Phone #