


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 19, 2005 8:00 am
Secretary of State

03-22-2005 90008 026 ***150.00

DOCUMENT # P04000121743 1. Entity Name PERK'S DRAGLINE SERVICE, INC					
Principal Place of Business 14910 NW 76TH TERRACE TRENTON FL 32693			Mailing Address 14910 NW 76TH TERRACE TRENTON FL 32693		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 20-1523366	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PERKINS, LORRIE S 14910 NW 76TH TERRACE TRENTON FL 32693				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State FL Zip Code	
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	P	NAME	PERKINS, LORRIE S	STREET ADDRESS	14910 NW 76TH TERRACE
					TRENTON FL 32693
<input type="checkbox"/> Delete					
TITLE		NAME		STREET ADDRESS	
<input type="checkbox"/> Delete					
TITLE		NAME		STREET ADDRESS	
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TITLE		NAME		STREET ADDRESS	
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TITLE		NAME		STREET ADDRESS	
<input type="checkbox"/> Delete					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		NAME		STREET ADDRESS	
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE		NAME		STREET ADDRESS	
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE		NAME		STREET ADDRESS	
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE		NAME		STREET ADDRESS	
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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: <i>Lorrie S Perkins</i>			3/17/05 352-498-8074		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		