

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 08:00 A
Secretary of State

DOCUMENT # P05000069168

1. Entity Name
PERENNIAL MORTGAGE GROUP, INC.



Principal Place of Business
3406 MAGIC OAK LANE
SARASOTA, FL 34232

Mailing Address
3406 MAGIC OAK LANE
SARASOTA, FL 34232



02262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
47-0954714

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NILSEN, BARBARA I
2734 DICK WILSON DRIVE
SARASOTA, FL 34240

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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

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	CONNELL, CAYCE
STREET ADDRESS	5972 DUNBARTON WAY
CITY-ST-ZIP	RALEIGH, NC 27613
TITLE	VP
NAME	NILSEN, BARBARA I
STREET ADDRESS	2734 DICK WILSON DRIVE
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	SEC.
NAME	CONNELL, WILLIAM B
STREET ADDRESS	861 FAULKWOOD COURT
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	TREA
NAME	JARRARD, DAVID A
STREET ADDRESS	2734 DICK WILSON DRIVE
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/09/07-80018-001 150.00

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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:

Cayce Connell CAYCE CONNELL

2/23/07 (919) 848-4748

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deadline Phone #