2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000116289

1. Entity Name
PERKINS LIMITED INC.

FILED
Jul 28, 2008 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
200 LAKE GEORGE POINT DR GEORGETOWN, FL 32139 US	PO BOX 52 WELAKA, FL 32193 US

07112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3340760
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PERKINS, SAMUEL L
200 LAKE GEORGE POINT DR
GEORGETOWN, FL 32139

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PERKINS, SAMUEL L
STREET ADDRESS	200 LAKE GEORGE POINT DR
CITY-ST-ZIP	GEORGETOWN, FL 32139
TITLE	ST
NAME	PERKINS, ELIZABETH L
STREET ADDRESS	200 LAKE GEORGE POINT DR
CITY-ST-ZIP	GEORGETOWN, FL 32139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/28/08-80006-014 150.00

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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: _____ Elizabeth L. Perkins 7-25-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

386-467-8421