

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90055 023 ***158.75

DOCUMENT # P05000116842

1. Entity Name
PERRY FRAMING CONTRACTORS, INC.



Principal Place of Business

720 NE 25TH AVE #8
CAPE CORAL, FL 33909

Mailing Address

720 NE 25TH AVE #8
CAPE CORAL, FL 33909

2. Principal Place of Business - No P.O. Box #

720 NE 25th Ave

3. Mailing Address

720 NE 25th Ave

Suite, Apt. #, etc.

#7

Suite, Apt. #, etc.

#7

City & State

Cape Coral, FL

City & State

Cape Coral, FL

Zip

33909

Country

USA

Zip

33909

Country

USA

03012007

Chg-P

CR2E034 (12/06)

4. FEI Number

20-3453928

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PERRY, DAIN M
3515 SW 7TH TERR
CAPE CORAL, FL 33991

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

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 P
NAME PERRY, DAIN M ☐ Delete
STREET ADDRESS 3515 SW 7TH TERR
CITY-ST-ZIP CAPE CORAL, FL 33991

TITLE V ☒ Delete
NAME PERRY, MELISSA S
STREET ADDRESS 1610 ORCHID BLVD
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE D ☐ Delete
NAME VANCE, MARK W
STREET ADDRESS 1429 NE 5TH TERR
CITY-ST-ZIP CAPE CORAL, FL 33909

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/T ☒ Change ☐ Addition
NAME Dain Perry
STREET ADDRESS 3515 SW 7th Terr
CITY-ST-ZIP Cape Coral, FL 33991

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V/S ☐ Change ☒ Addition
NAME Jenevieve Perry
STREET ADDRESS 3515 SW 7th Terr
CITY-ST-ZIP Cape Coral, FL 33991

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Daytime Phone #

3/2/07 239-574-3748