

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000032132

1. Entity Name

PERPETUAL PRODUCTIONS, INC.



Principal Place of Business

PO BOX 2417
WINDERMERE, FL 34786

Mailing Address

PO BOX 2417
WINDERMERE, FL 34786

FILED
Sep 05, 2008 08:00 AM
Secretary of State



08142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4704691

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DRAVES, DONNA L ESQ
120 EAST CONCORD ST
ORLANDO, FL 32801

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$850.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000959181
09/05/08-80007-011 550.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SEXTON, ROBERT L
STREET ADDRESS	PO BOX 2417
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	D
NAME	ABRAMZON, RAUL
STREET ADDRESS	703 NE 195TH STREET
CITY-ST-ZIP	MIAMI, FL 33179
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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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/08

Date

Daytime Phone #