

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 30, 2007 8:00 am
Secretary of State

07-30-2007 90061 021 ***550.00

DOCUMENT # P06000043759



1. Entity Name
PERFTESTPLUS, INC.

Principal Place of Business
**1285 DOUGLAS STREET SE
PALM BAY FL 32909**

Mailing Address
**1285 DOUGLAS STREET SE
PALM BAY FL 32909**



2. Principal Place of Business - No P.O. Box #
1285 DOUGLAS ST. SE
Suite, Apt. #, etc.

3. Mailing Address
1285 DOUGLAS ST. SE
Suite, Apt. #, etc.

2nd MOORE

CR2E034 (4/07)

City & State
Palm Bay FLORIDA
Zip
32909

City & State
Palm Bay FLORIDA
Zip
32909

4. FEI Number
20-2641792

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BARBER, R. SCOTT
1285 DOUGLAS STREET SE
PALM BAY FL 32909**

7. Name and Address of New Registered Agent

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 \$550.00
DUE BY September 5, 2007
Make Check Payable to Florida Department of State**

S 607 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BARBER, R. SCOTT
1285 DOUGLAS STREET SE
PALM BAY FL 32909** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BARBER, LINDA
1285 DOUGLAS STREET SE
PALM BAY FL 32909** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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CITY-ST-ZIP
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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:

Linda Barber

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/07

Date

Daytime Phone #