2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2007 8:00 am
Secretary of State
05-29-2007 90045 008 ***150.00

DOCUMENT # P06000104436

1. Entity Name
BEN PERDUE, INC.

40118840

Principal Place of Business	Mailing Address
1315 JARECKI AVENUE HOLLY HILL, FL 32117 US	1315 JARECKI AVENUE HOLLY HILL, FL 32117 US

04082007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	P.O. Box 251521
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Holly Hill Fl
Zip / Country	Zip: 32125 / Country: USA

4. FEI Number: 20-5365169 ☐ 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
PERDUE, BEN 1315 JARECKI AVENUE HOLLY HILL, FL 32117	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's 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PERDUE, BEN 1315 JARECKI AVENUE HOLLY HILL, FL 32117	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PERDUE, CHARLES B 1310 GRAHAM AVENUE HOLLY HILL, FL 32117	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] 5/25/07 386-290-4301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

To Whom it may concern: 40118820

I prepared to send off my #150.00 fee I was verbally told May 25th by a friend and When I went to mail this payment (for the first time) I noticed may 1st I called your # and they told mail the check and include this letter I didn't recieve the courtesy post card probably due to a broken mail box and I switched to a P.O. Box 25152 Holly Hill Fla. 32125. I would appreciate your understanding in this matter.

Thank you

Ben Perdue

P.S. I will send it in on time next year now that I have knowledge of this date being May 1 and not May 25th