

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000109530

Entity Name: KATHLEEN PERKINS, P.A.

FILED  
Jan 12, 2012  
Secretary of State

**Current Principal Place of Business:**

6985 WALLACE ROAD  
ORLANDO, FL 32819 US

**New Principal Place of Business:**

**Current Mailing Address:**

14489 WHITTRIDGE DR.  
WINTER GARDEN, FL 34787 US

**New Mailing Address:**

FEI Number: 26-3902906

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

PERKINS, KATHLEEN  
6985 WALLACE ROAD  
ORLANDO, FL 32819 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DPS  
Name: PERKINS, KATHLEEN  
Address: 6985 WALLACE ROAD  
City-St-Zip: ORLANDO, FL 32819 US

Title: DVT  
Name: PERKINS, DENNIS  
Address: 6985 WALLACE ROAD  
City-St-Zip: ORLANDO, FL 32819 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KATHLEEN PERKINS

DPS

01/12/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date