

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000028940

**FILED**  
**Jan 10, 2011**  
**Secretary of State**

**Entity Name:** PEROD ASSOCIATES INC.

**Current Principal Place of Business:**

1840 LES CHATEAUX BLVD.  
UNIT 104  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

1840 LES CHATEAUX BLVD.  
UNIT 104  
NAPLES, FL 34109

**New Mailing Address:**

**FEI Number:** 27-2267065

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

IN BALANCE INC.  
12268 TAMIAMI TRAIL E  
SUITE 301  
NAPLES, FL 34113 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: P  
Name: PEROD, NICHOLAS S SR.  
Address: 1840 LES CHATEAUX BLVD.  
City-St-Zip: NAPLES, FL 34109

Title: VP  
Name: CROCKETT, CLIFTON  
Address: 1840 LES CHATEAUX BLVD., UNIT 104  
City-St-Zip: NAPLES, FL 34109

Title: VP  
Name: KLEESE, ROBERT  
Address: 1840 LES CHATEAUX BLVD., UNIT 104  
City-St-Zip: NAPLES, FL 34109

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: NICHOLAS PEROD

P

01/10/2011

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

\_\_\_\_\_  
Date