


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P14416 1. Entity Name PERCONTEE, INC.	
---	---

Principal Place of Business 11900 TECH ROAD SILVER SPRING, MD 20904	Mailing Address 11900 TECH ROAD SILVER SPRING, MD 20904
---	---



01222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-0564430	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GUDELSKY, JOHN 425 MEADOW LARK DRIVE SARASOTA, FL 34236
--

**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 \$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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GUDELSKY, JOHN 9112 RIVER ROAD POTOMAC, MD
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GENN, JONATHAN M 309 SOMERSET RD. BALTIMORE, MD
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T YEDLIN, SAMUEL 403 E SHAW AVE SILVER SPRING, MD 20904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GUDELSKY, MARTHA 250 S. OCEAN BLVD. BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GUDELSKY, MEDDA 3182 HARNESS CREEK RD ANNAPOLIS, MD 21403
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1100000609061
02/01/07-80034-019 150.00

**DO NOT WRITE
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, and I am otherwise empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/07 301-622-0100
Date Daytime Phone #