

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000033892**

1. Entity Name

PERRYMAN & ASSOCIATES, INC.



Principal Place of Business

POB 1072  
DELAND, FL 32721

Mailing Address

POB 1072  
DELAND, FL 32721



01162006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3181726

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

REVIS, JOHN C  
648 S RIDGEWOOD AVE  
DAYTONA BEACH, FL 32114

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fee

000000513025^M  
04/29/06-80108-017 150.00^M

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME PERRYMAN, PAMELA  
STREET ADDRESS 3327 MARSH RD  
CITY-ST-ZIP DELAND, FL 32724

TITLE STD  
NAME PERRYMAN, SCOTT P  
STREET ADDRESS 3327 MARSH RD  
CITY-ST-ZIP DELAND, FL 32724

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Pamela Perryman*

4/12/06

Date

386

734-6379

Daytime Phone #