2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State
02-15-2007 90035 024 ***150.00

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1. Entity Name
PERMOCO, INC.

40017527

Principal Place of Business	Mailing Address
43 LAIRD RD. CRESTVIEW, FL 32539 US	43 LAIRD RD. CRESTVIEW, FL 32539 US

02082007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3185549 ☐ 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
PERMENTER, WILLIAM D 43 LAIRD RD. CRESTVIEW, FL 32539	Name R. Douglas Permenter Street Address (P.O. Box Number is Not Acceptable) 43 Laird Rd City Crestview FL Zip Code 32539

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 _____ R Douglas Permenter 2/8/2007
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstated) 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	VPD PERMENTER, STEPHANIE D 236 SABINE DRIVE PENSACOLA, FL 32561	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☒ Change ☐ Addition Pfalzgraf Stephanie P. 110 Meadow Rd. Buffalo, NY 14216
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PERMENTER, WILLIAM D 236 SABINE DRIVE PENSACOLA, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☒ Change ☒ Addition PD R. Douglas Permenter 43 Laird Rd Crestview, FL. 32539
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST PERMENTER, ELIZABETH A 236 SABINE DRIVE PENSACOLA, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
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: _____ R Douglas Permenter 2/8/2007 850-892-2103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #