

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90035 024 ***150.00

DOCUMENT # P93000042448	
1. Entity Name PERMOCO, INC.	

Principal Place of Business 43 LAIRD RD. CRESTVIEW, FL 32539 US	Mailing Address 43 LAIRD RD. CRESTVIEW, FL 32539 US
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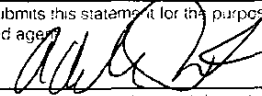
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

40017527



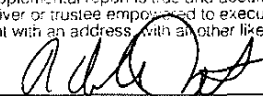
02082007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent PERMENTER, WILLIAM D 43 LAIRD RD. CRESTVIEW, FL 32539	
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7. Name and Address of New Registered Agent 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 	DATE 2/8/2007

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
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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	Pfalzgraf Stephanie P. 110 Meadow Rd. Buffalo, NY 14216 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PERMENTER, WILLIAM D 236 SABINE DRIVE PENSACOLA, FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD R. Douglas Permenter 43 Laird Rd Crestview, FL 32539 ☒ Change ☒ Addition
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 an other like empowered.			
SIGNATURE: 		DATE 2/8/2007 850-892-2103	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	