


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90081 021 \*\*\*150.00

<b>DOCUMENT # P94000004065</b> 1. Entity Name <b>PERRETT, INC.</b>			
Principal Place of Business <b>308 MAPLEWOOD DRIVE JACKSONVILLE, FL 32259-4375 US</b>		Mailing Address <b>308 MAPLEWOOD DRIVE JACKSONVILLE, FL 32259-4375 US</b>	
2. Principal Place of Business <b>1130 PERREGRINE</b> Suite, Apt. #, etc. <b>CIRCLE WEST</b>		3. Mailing Address <b>1130 PERREGRINE</b> Suite, Apt. #, etc. <b>CIRCLE WEST</b>	
City & State <b>Jacksonville, FL</b>		City & State <b>JACKSONVILLE FL</b>	
Zip <b>32259</b>	Country <b>USA</b>	Zip <b>32259</b>	Country <b>USA</b>
4. FEI Number <b>59-3219796</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>OWEN, CLAUDINE H. 308 MAPLEWOOD DRIVE JACKSONVILLE, FL 32259</b>		7. Name and Address of New Registered Agent Name <b>OWEN, Claudine H.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1130 PERREGRINE CIRCLE WEST</b>  City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32259</b>	
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 <u><i>Claudine H. Owen</i></u> <span style="float: right;">3/10/05</span> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-registering)</small> <span style="float: right;">DATE</span>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD OWEN, CLAUDINE H. 308 MAPLEWOOD DRIVE JACKSONVILLE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSTP OWEN, Claudine H. 1130 PERREGRINE CIRCLE WEST JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OWEN, RICHARD K. 1130 PERREGRINE CIRCLE WEST JACKSONVILLE, FL 32259	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OWEN, RICHARD K. 1130 PERREGRINE CIRCLE WEST JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OWEN, RICHARD K. 1130 PERREGRINE CIRCLE WEST JACKSONVILLE, FL 32259	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OWEN, RICHARD K. 1130 PERREGRINE CIRCLE WEST JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OWEN, RICHARD K. 1130 PERREGRINE CIRCLE WEST JACKSONVILLE, FL 32259	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OWEN, RICHARD K. 1130 PERREGRINE CIRCLE WEST JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OWEN, RICHARD K. 1130 PERREGRINE CIRCLE WEST JACKSONVILLE, FL 32259	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OWEN, RICHARD K. 1130 PERREGRINE CIRCLE WEST JACKSONVILLE, FL 32259
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Claudine H. Owen</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/10/05 904-287-3609 <small>Date Daytime Phone #</small>	