

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000004065

Entity Name: PERRETT, INC.

FILED  
Apr 18, 2007  
Secretary of State

## Current Principal Place of Business:

1130 PERRE GRINE  
CIRCLE WEST  
JACKSONVILLE, FL 32259 US

## New Principal Place of Business:

257 NORTH BARTRAM TRAIL  
ST. JOHNS, FL 32259 US

## Current Mailing Address:

1130 PERRE GRINE  
CIRCLE WEST  
JACKSONVILLE, FL 32259 US

## New Mailing Address:

257 NORTH BARTRAM TRAIL  
ST. JOHNS, FL 32259 US

FEI Number: 59-3219796

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OWEN, CLAUDINE H.  
1130 PERREGRINE CIRCLE WEST  
JACKSONVILLE, FL 32259 US

## Name and Address of New Registered Agent:

OWEN, CLAUDINE H.  
257 NORTH BARTRAM TRAIL  
ST. JOHNS, FL 32259 US

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.

SIGNATURE: CLAUDINE H. OWEN

04/18/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: OWEN, CLAUDINE H.  
Address: 1130 PERREGRINE CIRCLE WEST  
City-St-Zip: JACKSONVILLE, FL 32259

Title: PD ( ) Delete  
Name: OWEN, RICHARD  
Address: 1130 PERREGRINE CIRCLE WEST  
City-St-Zip: JACKSONVILLE, FL 32259

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: OWEN, CLAUDINE H.  
Address: 257 NORTH BARTRAM TRAIL  
City-St-Zip: ST. JOHNS, FL 32259

Title: PD (X) Change ( ) Addition  
Name: OWEN, RICHARD  
Address: 257 NORTH BARTRAM TRAIL  
City-St-Zip: ST. JOHNS, FL 32259

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDINE H. OWEN

PSTD

04/18/2007

Electronic Signature of Signing Officer or Director

Date