

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90146 044 \*\*\*158.75

DOCUMENT # P95000017621

1. Entity Name

PERRET AND ASSOCIATES, INC.



Principal Place of Business

1614 ATLANTIC UNIVERSITY CIR.  
JACKSONVILLE, FL 32207 US

Mailing Address

1614 ATLANTIC UNIVERSITY CIR.  
JACKSONVILLE, FL 32207 US

**DO NOT WRITE IN THIS SPACE**



01212004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3307004

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BOOHER, DAVID H. III  
2020 HENDRICKS AVENUE  
JACKSONVILLE, FL 32207

**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

*Constance R. Halford*

(NOTE: Registered Agent signature required when reinstating)

4-29-04

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
PERRET, NATHAN E  
5323 CONTINA AVENUE  
JACKSONVILLE, FL 32277

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

~~CEO, COO, ST~~  
PERRET, LYNETTE L.  
5323 CONTINA AVENUE  
JACKSONVILLE, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

V  
COURSON, CARL S  
2148 INDIAN SPRINGS DR.  
JACKSONVILLE, FL 32246

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:

*Lynette L. Perret*

LYNETTE L. PERRET

4-29-04

904-805-0030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #