

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90172 025 ***150.00

DOCUMENT # P96000031965

1. Entity Name

ED PERRY, INC.



Principal Place of Business

ROUTE 3, BOX 148
MAYO FL 32066

Mailing Address

559 S.W. LINCOLN RD.
MAYO FL 32066

50047726



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

P.O. Box 1266

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

May 7 l

City & State

May 7 l

4. FEI Number

59-3369334

Applied For

Not Applicable

Zip

Country

32066

Zip

Country

32066

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PERRY, EDWARD
ROUTE 3, BOX 148
MAYO FL 32066

7. Name and Address of New Registered Agent

Name *JoAnn Perry*

Street Address (P.O. Box Number is Not Acceptable)
2228 N.W. C.R. 536

City

May 7 l

FL

32066

Zip Code

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

JoAnn Perry

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005, Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PERRY, EDWARD	
STREET ADDRESS	ROUTE 3, BOX 148	
CITY-ST-ZIP	MAYO FL 32066	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERRY, JO A	
STREET ADDRESS	ROUTE 3, BOX 148	
CITY-ST-ZIP	MAYO FL 32066	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>JoAnn Perry</i>	
STREET ADDRESS	2228 N.W. C.R. 536	
CITY-ST-ZIP	May 7 l 32066	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Dana Ashley</i>	
STREET ADDRESS	2228 N.W. C.R. 536	
CITY-ST-ZIP	May 7 l 32066	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Herbert Perry</i>	
STREET ADDRESS	May 7 l 32066	
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Chan Perry</i>	
STREET ADDRESS	May 7 l 32066	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

JoAnn Perry President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JoAnn Perry

Date

4-27-05

Daytime Phone #

386-294-1594