


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 08, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000092269 1. Entity Name PLANET PERFECT, INC.	
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Principal Place of Business 375 E CENTRAL AVE WINTER HAVEN, FL 33880	Mailing Address 375 E CENTRAL AVE WINTER HAVEN, FL 33880
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DO NOT WRITE IN THIS SPACE

08032005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3407599	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent AARON, MARCIE 375 E. CENTRAL AVE WINTER HAVEN, FL 33880
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**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

U000000375829
08/08/05-80002-013 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MARCIE, AARON 375 E. CENTRAL AVE WINTER HAVEN, FL 33880
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)(f), 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:

Marcie Aaron **MARCIE AARON/PRESIDENT**

8/5/05 863-293-1569

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #