

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90119 003 ***150.00

DOCUMENT # P96000094522

1. Entity Name
PERRY BANKING COMPANY



Principal Place of Business
**2000 S BYRON BUTLER PKWY
PERRY, FL 32348 US**

Mailing Address
**P.O. BOX 1247
PERRY, FL 32348 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03192008

Chg-P

CR2E034 (12/06)

4. FEI Number
59-3412340

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DICKERT, JERRY D
2000 S BYRON BUTLER PKWY
PERRY, FL 32348**

Name

Mark Dickert

Street Address (P.O. Box Number is Not Acceptable)

3705 54th Dr. W., Suite 202

City

Bradenton

FL

Zip Code

34210

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

Mark Dickert

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

(NOTE: Registered Agent signature required when reinstating)

4/17/08

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**CD
DICKERT, JERRY D
2000 S BYRON BUTLER PKWY
PERRY, FL 32348**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**CD
Dickert, Jerry D
419 Plantation Rd.
Perry, FL 32348**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
HICKS, A M
2000 S BYRON BUTLER PKWY
PERRY, FL 32348**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D.
Hicks, A. M.
3924 Joel Aman Rd.
Perry, FL 32348**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VCD
DICKERT, MARK
2000 S BYRON BUTLER PKWY
PERRY, FL 32348**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VD
Dickert, Mark
3705 54th Dr. W., Suite 202
Bradenton, FL 34210**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
DICKERT, PAUL
2000 S BYRON BUTLER PKWY
PERRY, FL 32348**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VCPD
Dickert, Paul
105 NW 75th St., Suite 3
Gainesville, FL 32607**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
MITCHELL, FRED SR
2000 S BYRON BUTLER PKWY
PERRY, FL 32348**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
Mitchell, Fred Sr
502 Riverside Dr. SE
Steinhatchee, FL 32359**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VD
BROOKS, ROGER R
2000 S BYRON BUTLER PKWY
PERRY, FL 32348**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VD
Brooks, Roger
511 Mangum-Close Rd.
Perry, FL 32347**

☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Mark Dickert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/08

Date

Daytime Phone #