

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000017810

1. Entity Name
PERFECT SPIRAL MANAGEMENT INC.



FILED
Apr 18, 2005 08:00 AM
Secretary of State

Principal Place of Business
7903 ROYAL BICKDALE CIRCLE
BRADENTON, FL 34202

Mailing Address
7903 ROYAL BICKDALE CIRCLE
BRADENTON, FL 34202



01152005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0741578

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent

SQUITIERI, ANTHONY
7903 ROYAL BIRKDALE CIRCLE
FT MYERS, FL 33919

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME SQUITIERI, ANTHONY
STREET ADDRESS 7903 ROYAL BIRKDALE CIRCLE
CITY-ST-ZIP BRADENTON, FL 34202

TITLE VPS
NAME SQUITIERI, ANTHONY P
STREET ADDRESS 5337 SW 11TH PLACE
CITY-ST-ZIP CAPE CORAL, FL 33916

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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04/18/05-80051-004 150.00

DO NOT WRITE
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: Anthony J. Squitieri PRESIDENT

4-16-05

941-907-4101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #