

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90059 014 ***150.00

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1. Entity Name

PERMA-FILL CORPORATION, INC.



Principal Place of Business

3900 ST. JOHNS PKWY
SANFORD FL 32771

Mailing Address

3900 ST. JOHNS PKWY
SANFORD FL 32771

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3443812**

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

SANDER, JASON R
3900 ST. JOHNS PARKWAY
SANFORD FL 32771

Name

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

City

FL

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

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, 2004 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT ☐ Delete
NAME SANDER, JASON R
STREET ADDRESS 653 SILVER BIRCH PLACE
CITY-ST-ZIP LONGWOOD FL 32750

TITLE PRES, TREAS ☒ Change ☐ Addition
NAME JASON SANDER
STREET ADDRESS 3900 ST. JOHNS PKWY
CITY-ST-ZIP SANFORD, FL 32771

TITLE VPS ☐ Delete
NAME SANDER, SCOTT R
STREET ADDRESS 247 NEW WATERFORD PLACE
CITY-ST-ZIP LONGWOOD FL 32779

TITLE VP, SEC ☒ Change ☐ Addition
NAME SCOTT SANDER
STREET ADDRESS 3900 ST. JOHNS PKWY
CITY-ST-ZIP SANFORD FL 32771

TITLE D ☐ Delete
NAME SANDER, ROBERT
STREET ADDRESS 4203 SO ATLANTIC BLVD. UNIT A-1
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Re 3/25/04 407/332-0333