

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000036955

1. Entity Name
PEREMANS, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 APR 18 PM 2:48

Principal Place of Business
82 SIXTH STREET
APALACHICOLA, FL 32320 US

Mailing Address
PO BOX 250
APALACHICOLA, FL 32329



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04122007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-3500138

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUCIMETIERE-MONOD, OLIVIER
119 FRANKLIN BLVD
ST GEORGE ISLAND, FL 32328

7. Name and Address of New Registered Agent

Name DUCIMETIERE-MONOD, OLIVIER
Street Address (P.O. Box Number is Not Acceptable)
82 SIXTH STREET
City APALACHICOLA FL 32320

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.

OLIVIER DUCIMETIERE-MONOD

(NOTE: Registered Agent signature required when reinstating)

4/16/07

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PCDT ☐ Delete
NAME DUCIMETIERE-MONOD, OLIVIER
STREET ADDRESS 119 FRANKLIN BLVD
CITY-ST-ZIP ST GEORGE ISLAND, FL 32328

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCDT ☒ Change ☐ Addition
NAME DUCIMETIERE-MONOD, OLIVIER
STREET ADDRESS 82 SIXTH STREET
CITY-ST-ZIP APALACHICOLA, FL 32320

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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 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:

OLIVIER DUCIMETIERE-MONOD
4/16/07

850.899.7999.