

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90346 010 ***150.00

DOCUMENT # P98000005221

1. Entity Name
THE PERFECT SPOT, INC,



Principal Place of Business
**1600 FLIGHT LINE BOULEVARD
DELAND, FL 32724**

Mailing Address
**1600 FLIGHT LINE BOULEVARD
DELAND, FL 32724**



04272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3490733

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HALLETT, ROBERT C
1600 FLIGHT LINE BOULEVARD
DELAND, FL 32724**

**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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	HELLETT, ROBERT C
STREET ADDRESS	1600 FLIGHTLINE BLVD
CITY-ST-ZIP	DELAND, FL 32724
TITLE	VP
NAME	JOHNSTON, MIKE
STREET ADDRESS	13 TYMBER CV.
CITY-ST-ZIP	DELAND, FL 32724
TITLE	S
NAME	WILLIAMS, SYLVANUS
STREET ADDRESS	1286 PLYMOUTH AVE
CITY-ST-ZIP	DELAND, FL 32724
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/06

Date

386-738-3539

Daytime Phone #