

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000046320

FILED
Apr 15, 2004
Secretary of State

Entity Name: PERKINS & ASSOCIATES, INC.

Current Principal Place of Business:

8725 CHATHAM ST.
FT. MYERS, FL 33907

New Principal Place of Business:

9315 CENTRAL PARK DR
SUITE 101
FT. MYERS, FL 33919

Current Mailing Address:

PO BOX 61560
FORT MYERS, FL 33906

New Mailing Address:

FEI Number: 65-0837599

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERKINS, JOHN J II
8725 CHATHAM ST.
FT. MYERS, FL 33907

Name and Address of New Registered Agent:

PERKINS, JOHN J II
9315 CENTRAL PARK DR
SUITE 101
FT. MYERS, FL 33919

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.

SIGNATURE: JOHN J PERKINS II

04/15/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PERKINS, JOHN J II
Address: 8725 CHATHAM ST.
City-St-Zip: FT. MYERS, FL 33907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PERKINS, JOHN J II
Address: 9315 CENTRAL PARK DR #101
City-St-Zip: FT. MYERS, FL 33919

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN J PERKINS II

D

04/15/2004

Electronic Signature of Signing Officer or Director

Date