

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000048068

1. Entity Name
PERKINS TRUCKING, INC.



Principal Place of Business
1222 SW SUNSHINE ST.
STUART, FL 34997

Mailing Address
1222 SW SUNSHINE ST.
STUART, FL 34997

FILED
Jul 07, 2008 08:00 AM
Secretary of State



07022008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0866534	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PERKINS, JONATHAN W
1222 SW SUNSHINE ST.
STUART, FL 34997

**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 \$550.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000953560
07/07/08-80003-004 550.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PERKINS, JONATHAN W
STREET ADDRESS	1222 SW SUNSHINE ST.
CITY-ST-ZIP	STUART, FL 34997

TITLE	S
NAME	PERKINS, JEANETTE E
STREET ADDRESS	1222 SW SUNSHINE ST
CITY-ST-ZIP	STUART, FL 34997

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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STREET ADDRESS	
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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:

Jonathan Perkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/08
Date

7722865255
Daytime Phone #