

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90130 006 ***150.00

DOCUMENT # P98000051177

1. Entity Name
PERROS GRANDE II, INC.



Principal Place of Business
10225 ULMERTON RD
SUITE 3D
LARGO, FL 33771

Mailing Address
10225 ULMERTON RD
SUITE 3D
LARGO, FL 33771

54053295



2. Principal Place of Business

455 N. Indian Rocks Rd

Suite, Apt. #, etc.

Suite B

City & State

Belleair Bluffs, FL

Zip

33770

Country

U.S.A.

3. Mailing Address

455 N. Indian Rocks Rd

Suite, Apt. #, etc.

Suite B

City & State

Belleair Bluffs, FL

Zip

33770

Country

USA

04202004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3515974

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARSENAULT, KENNETH G JR.
10255 ULMERTON ROAD
SUITE 2
LARGO, FL 33771

7. Name and Address of New Registered Agent

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> Delete
NAME	BUCKLES, WILLIAM G	
STREET ADDRESS	10225 ULMERTON RD., #3D	
CITY-ST-ZIP	LARGO, FL 33771	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	VELTMAN, GREG D	
STREET ADDRESS	10225 ULMERTON RD., #3D	
CITY-ST-ZIP	LARGO, FL 33771	
TITLE	D	<input type="checkbox"/> Delete
NAME	VELTMAN, DAVID M	
STREET ADDRESS	10225 ULMERTON RD., #3D	
CITY-ST-ZIP	LARGO, FL 33771	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANDT, TIMOTHY	
STREET ADDRESS	10225 ULMERTON RD., #3D	
CITY-ST-ZIP	LARGO, FL 33771	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	455 N. Indian Rocks Road Suite B
CITY-ST-ZIP	Belleair Bluffs, FL 33770
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	455 N. Indian Rocks Rd, Suite B
CITY-ST-ZIP	Belleair Bluffs, FL 33770
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	455 N. Indian Rocks Rd Suite B
CITY-ST-ZIP	Belleair Bluffs, FL 33770
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	455 N. Indian Rocks Rd Suite B
CITY-ST-ZIP	Belleair Bluffs, FL 33770
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 address with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William G Buckles 4/30/04 727 584 7141

Date

Daytime Phone #