

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000084451

FILED
Apr 30, 2005
Secretary of State

Entity Name: PERILLI FLOORING, INC.

Current Principal Place of Business:

5230 NW ALJO CIR
PORT ST LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

5230 NW ALJO CIR
PORT ST LUCIE, FL 34986

New Mailing Address:

FEI Number: 65-0865144

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERILLI, PETER
5230 NW ALJO CIRCLE
PORT ST LUCIE, FL 34986 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PERILLI, PETER
Address: 5230 NW ALJO CIR
City-St-Zip: PORT ST LUCIE, FL 34986

Title: S () Delete
Name: PERILLI, ELIZABETH
Address: 5230 NW ALJO CIR
City-St-Zip: PORT ST LUCIE, FL 34986

Title: T () Delete
Name: NOWACKI, FRANKLIN
Address: 1424 SE HILLMORE DRIVE 124
City-St-Zip: PORT ST LUCIE, FL 34952

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: STORIALA, MATTHEW
Address: 917 SW WITTER TERR.
City-St-Zip: PORT SAINT LUCIE, FL 35953

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: PETER PERILLI

P

04/30/2005

Electronic Signature of Signing Officer or Director

_____ Date