

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000084451

FILED  
Apr 30, 2008  
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: 513 SW PRODO AVE  
City-St-Zip: PORT ST LUCIE, FL 34983

Title: VP ( ) Delete  
Name: STORIALE, MATTHEW  
Address: 917 SW WITTER TERR.  
City-St-Zip: PORT SAINT LUCIE, FL 35953

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: VP (X) Change ( ) Addition  
Name: GRILLE, FELIPE  
Address: 1408 BINNEY DR  
City-St-Zip: FORT PIERCE, FL 34949

Title: T (X) Change ( ) Addition  
Name: SCHALES, ANTHONY  
Address: 1716 SE HAVERFORD ST  
City-St-Zip: PORT ST. LUCIE, FL 34983

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

PRES

04/30/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date