

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000084451

Entity Name: PERILLI FLOORING, INC.

FILED  
Apr 29, 2011  
Secretary of State

**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

**OFFICERS AND DIRECTORS:**

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

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

Title: VP  
Name: MILLER, RAYMOND E  
Address: 260 WEST CARIBBEAN  
City-St-Zip: PORT ST LUCIE, FL 33452

Title: T  
Name: PETER, PERILLI J  
Address: 5230 NW ALJO CIRCLE  
City-St-Zip: PORT ST LUCIE, FL 34986

I hereby 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 all other like empowered.

SIGNATURE: PETER PERILLI

PRES

04/29/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date