

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90128 038 ***150.00

DOCUMENT # P98000091952

1. Entity Name

PERFECT TEAM, INC.



Principal Place of Business

**5921-100 W BEAVER STREET
JACKSONVILLE FL 32254**

Mailing Address

**P.O. BOX 440379
JACKSONVILLE FL 32222**



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

PO Box 6885

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

Zip

Country

City & State

Jacksonville, FL

Zip

32236-6885

Country

USA

4. FEI Number

59-3550604

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**A. JEFFREY TOMASSETTI
406 ASH STREET
FERNANDINA BEACH FL 32034**

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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **ROBBINS, JACQUELYN P**
STREET ADDRESS **5921-100 W. BEAVER STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32254**

TITLE **D** ☐ Delete
NAME **ROBBINS, WILLIAM S**
STREET ADDRESS **5921-100 W. BEAVER STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32254**

TITLE **D** ☐ Delete
NAME **ROBBINS, WILLIAM E**
STREET ADDRESS **5921-100 W. BEAVER STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32254**

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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 attachment with an address, with all other like empowered.

SIGNATURE: Jackie Robbins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/05 (904) 378-8150

Date

Daytime Phone #