

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 Mailing Address
5921-100 W BEAVER STREET **P.O. BOX 440379**
JACKSONVILLE FL 32254 **JACKSONVILLE FL 32222**



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. **PO Box 6885**
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/04)

City & State City & State
Jacksonville, FL
 Zip Country Zip Country
32236-6885 **USA**

4. FEI Number Applied For
59-3550604 Not Applicable

6. Name and Address of Current Registered Agent
A. JEFFREY TOMASSETTI
406 ASH STREET
FERNANDINA BEACH FL 32034

5. Certificate of Status Desired \$8.75 Additional Fee Required

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete
NAME	ROBBINS, JACQUELYN P	
STREET ADDRESS	5921-100 W. BEAVER STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32254	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBBINS, WILLIAM S	
STREET ADDRESS	5921-100 W. BEAVER STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32254	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBBINS, WILLIAM E	
STREET ADDRESS	5921-100 W. BEAVER STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32254	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 attachment with an address, with all other like empowered.

SIGNATURE: *Jackie Robbins* Jackie Robbins 04/29/05 (904) 378-8150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #