

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000091952

FILED  
Apr 26, 2006  
Secretary of State

Entity Name: PERFECT TEAM, INC.

**Current Principal Place of Business:**

5921-100 W BEAVER STREET  
JACKSONVILLE, FL 32254

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 6885  
JACKSONVILLE, FL 32236

**New Mailing Address:**

FEI Number: 59-3550604      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

A. JEFFREY TOMASSETTI  
406 ASH STREET  
FERNANDINA BEACH, FL 32034      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:            D            ( ) Delete  
Name:            ROBBINS, JACQUELYN P  
Address:        5921-100 W. BEAVER STREET  
City-St-Zip:    JACKSONVILLE, FL 32254

Title:            D            ( ) Delete  
Name:            ROBBINS, WILLIAM S  
Address:        5921-100 W. BEAVER STREET  
City-St-Zip:    JACKSONVILLE, FL 32254

Title:            D            ( ) Delete  
Name:            ROBBINS, WILLIAM E  
Address:        5921-100 W. BEAVER STREET  
City-St-Zip:    JACKSONVILLE, FL 32254

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

Title:            O            (X) Change ( ) Addition  
Name:            ROBBINS, JACQUELYN P  
Address:        5921-100 W. BEAVER STREET  
City-St-Zip:    JACKSONVILLE, FL 32254

Title:            O            (X) Change ( ) Addition  
Name:            ROBBINS, WILLIAM S  
Address:        5921-100 W. BEAVER STREET  
City-St-Zip:    JACKSONVILLE, FL 32254

Title:            O            (X) Change ( ) Addition  
Name:            ROBBINS, WILLIAM E  
Address:        5921-100 W. BEAVER STREET  
City-St-Zip:    JACKSONVILLE, FL 32254

I hereby certify that the information supplied with this filing does not qualify for the 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: JACQUELYN P ROBBINS

PRES

04/26/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date