

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90269 022 ***150.00

DOCUMENT # P98000102695					
1. Entity Name PERRY JOINT VENTURE, INC.					
Principal Place of Business 98 GEORGE ELLIS PT FREEPORT, FL 32439			Mailing Address 98 GEORGE ELLIS PT FREEPORT, FL 32439		
2. Principal Place of Business 45 Bay magnolia Lane Suite, Apt. #, etc.		3. Mailing Address 45 Bay magnolia Lane Suite, Apt. #, etc.			
City & State Santa Rosa Beach, FL Zip: 32459 Country: USA		City & State Santa Rosa Beach, FL Zip: 32459 Country: USA		4. FEI Number 59-3504018	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent PERRY, MIKEL L 98 GEORGE ELLIS POINT FREEPORT, FL 32439			7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ 45 Bay magnolia Lane City: Freeport Santa Rosa Beach FL Zip: 32459		
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: <u>Mikel Lee Perry</u> DATE: <u>03/03/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME PERRY, MIKEL L STREET ADDRESS 98 GEORGE ELLIS POINT CITY - ST - ZIP FREEPORT, FL 32439	<input type="checkbox"/> Delete		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 45 Bay magnolia Lane STREET ADDRESS Santa Rosa Beach, FL CITY - ST - ZIP 32459		
TITLE VP NAME PERRY, JOSEPH J STREET ADDRESS PO BOX 688 CITY - ST - ZIP ANDALUSIA, AL 36420	<input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP 		
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP 		
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP 		
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete		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: <u>Mikel Lee Perry</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>03/03/05</u> (800) 622-3090 <small>Daytime Phone #</small>		