2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2004 8:00 am Secretary of State

DOCUMENT # P99000018984 1. Entity Name PERTUISOT MANAGEMENT COMPANY, INC.						04-16-2004 90094 036 ***150.00					
Principal Plac 483 FIFTH A' NAPLES, FL	VENUE SOUTH	Mailing Address 483 FIFTH AVENUE S NAPLES, FL 34102	483 FIFTH AVENUE SOUTH								
2. Principal P	lace of Business	3. Mailing Address	. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			04062004	Chg-P	CR2E03	34 (10/03)		
City & State		City & State				4. FEI Numb 59-356				plied For t Applicable	
Zip	Country			atry		5. Certificate of Status Desired See Required Fee Required					
6. Name and Address of Current Registered Agent											
C/O MARY	OT, ROGER MARNELL, ESQ. FAMIAMI TRAIL, SUITE 602			Street Ac	ddress (F	P.O. Box Number is Not Acceptable)					
NAJES, I											
3						y			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 9. Election Campaign Financing \$5.00 May Be											
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.		-			ed to Fees					
10.	OFFICERS AND		11.		0		CHANGES TO OFFI		_/		
. TITLE NAME	PERTUISOT, ROGER	☐ Delete	TITL NAM	Ε	pert	uisot,	Roger Circle		Change Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	2148 PAGER CIRCLE NAPLES, FL 34112			ET ADDRESS -St-zip	2148 Napl	les FL	34112				
TITLE	VP	☐ Delete	TITL	I					Change	Addition	
NAME Street address	PERTUISOT, MURIEL 2148 PAGET CIRCLE		NAM STRE	E Et address						į	
CITY-ST-ZIP	NAPLES, FL 34112			-ST-ZIP							
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NAME	and the second s		NAM STRE	E Et address							
CITY-ST-ZIP		•	CITY	-ST-ZIP							
TITLE NAME		☐ Delete	TITLI						☐ Change	Addition	
STREET ADDRESS	The second secon		STRE	ET ADDRESS							
CITY-ST-ZIP	pertify that the information supplied with	this filing does not qualify t		-ST-ZIP	ed in Sec	tion 119 07/31	(i) Florida Statutos I	further certi	fy that the in	formation	
indicated	ertify that the information supplied with on this report or supplemental report is	true and accurate and that	my siona	ture shall ha	ave the s	ame legal effe	rt as it made under o	ath: that t ar	n an officer	or director	

2. Thereby certify that the information supplies with this limit does not qualify for the exemption stated in Section 119.07(5)(f), Plottad Statutes. Finding does not exempt 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 of rousine 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

TIME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

#3/4 239 262-72

Daytime Phone #