


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90214 021 \*\*\*150.00

<b>DOCUMENT # P99000020850</b> 1. Entity Name <b>PERIWINKLES, INC.</b>					
Principal Place of Business <b>1079 N COLLIER BLVD MARCO ISLAND FL 34145</b>				Mailing Address <b>1079 N COLLIER BLVD MARCO ISLAND FL 34145</b>	
2. Principal Place of Business <b>1089 N COLLIER BLVD</b>		3. Mailing Address <b>1089 N COLLIER BLVD</b>			
Suite, Apt. #, etc. <b>411</b>		Suite, Apt. #, etc. <b>411</b>			
City & State <b>MARCO ISLAND FL</b>		City & State <b>MARCO ISLAND FL</b>			
Zip <b>34145</b>		Country <b>USA</b>		4. FEI Number <b>59-3637809</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>THOMAS, DAVE C 850 BANYAN CT. MARCO ISLAND FL 34145</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>THOMAS, DAVE C</b> <b>850 BANYAN CT</b> <b>MARCO ISLAND FL 34145</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>THOMAS, MELISSA R</b> <b>850 BANYAN CT</b> <b>MARCO ISLAND FL 34145</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

SIGNATURE: DAVE C. THOMAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/05 239 293 7281

Date Daytime Phone #