2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR) **

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Feb 28, 2005 8:00 am **Secretary of State** DOCUMENT # P99000020850 1. Entity Name 02-28-2005 90214 021 ***150.00 PERIWINKLES, INC. Principal Place of Business Mailing Address AAATAAAT 1079 N COLLIER BLVD MARCO ISLAND FL 34145 1079 N COLLIER BLVD MARCO ISLAND FL 34145 2. Principal Place of Business 3. Mailing Address DUER BUD 1089 No COLLIER 1089 NO 1st MOORE CR2E034 (10/04) City & State 4. FEI Number Applied For 59-3637809 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THOMAS, DAVE C Street Address (P.O. Box Number is Not Acceptable) 850 BANYAN CT. MARCO ISLAND FL 34145 City 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 \$5.00 May Be 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Change ☐ Addition ☐ Defete THOMAS, DAVE C NAME NAME STREET ADDRESS 850 BANYAN CT STREET ADDRESS CITY-ST-ZIP MARCO ISLAND FL 34145 CITY-ST-7IP THE ☐ Delete TITLE ☐ Change ☐ Addition THOMAS, MELISSA R NAME NAME 850 BANYAN CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MARCO ISLAND FL 34145 CITY-ST-ZIP - Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED