

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90150 027 ***150.00

DOCUMENT # P99000033968



1. Entity Name
PERMA-FLO, INC.

Principal Place of Business
195 W BLUE SPRINGS AVE
ORANGE CITY, FL 32763

Mailing Address
195 W BLUE SPRINGS AVE
ORANGE CITY, FL 32763-6509

2. Principal Place of Business

3. Mailing Address



04022005 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3572890

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRAHAM, ANN Y
~~1670 TIMBER EDGE DRIVE~~
~~DELAND, FL 32724~~

Name (Same)
Street Address (P.O. Box Number is Not Acceptable)
195 W. Blue Springs Ave
City Orange City FL Zip Code 32763

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
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | | | | |
|----------------|---|------|---------------------|---------------------------------|
| TITLE | P | NAME | GRAHAM, JOHN H | <input type="checkbox"/> Delete |
| STREET ADDRESS | | | 1670 TIMBER EDGE DR | Address Change |
| CITY-ST-ZIP | | | DELAND, FL 32724 | |
| TITLE | S | NAME | GRAHAM, ANN Y | <input type="checkbox"/> Delete |
| STREET ADDRESS | | | 1670 TIMBER EDGE DR | Address Change |
| CITY-ST-ZIP | | | DELAND, FL 32724 | |
| TITLE | | NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | | |
| TITLE | | NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | | |
| TITLE | | NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | | |
|----------------|---|------|-------------------------|--|
| TITLE | P | NAME | GRAHAM, JOHN | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | | 195 W. BLUE SPRINGS AVE | |
| CITY-ST-ZIP | | | ORANGE CITY, FL 32763 | |
| TITLE | S | NAME | GRAHAM, ANN | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | | 195 W. Blue Springs Ave | |
| CITY-ST-ZIP | | | ORANGE CITY, FL 32763 | |
| TITLE | | NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | | |
| TITLE | | NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | | |
| TITLE | | NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #