2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 05, 2006 08:00 AM Secretary of State

		ANNUAL	. REPORT			_	Secret	towy c	of Sto	to
DOCUMENT # P99000085176 1. Entity Name PERRY'S DECORATIVE GLASS AND CUSTOM DOORS, INC.							Secre	iary (n Sta	ite
Principal Place of Business 1124 BICHARA BLVD THE VILLAGES, FL 32159			Mailing Address P.O. BOX 361 INVERNESS, FL 34451		1 1999/1991 22	9 JULE 1814 STEEL S	WIII B'8181 18 184 8	eller lære sæmið S		
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01232006	Chg-P	CRZEC	34 (11/05)	
City & State			City & State			4. FEI Numb				pplied For ot Applicable
Zip	Country		Zip	Coun	itry	{	of Status Desired		\$8.75 Add Fee Regular	ditional
	6. Name a	and Address of Current	Registered Agent	1	T	7. Name and	Address of New	Registered	Agent	
		<u></u> -			Name					-
PERRY, JAMES A P O BOX 361 INVERNESS, FL 34451					Street Address (P.O. Box Numb	er is Not Acceptab	(e)		
					City	_ 		FL	Zip Cod	ie
8. The above the obliga	named entity tions of registe	submits this statement for red agent.	r the purpose of changing its	register	ed office or register	red agent, or bo	th, in the State of F	Torida, I am	femiliar with,	and accept
SIGNATURE.	Signature, typed or	printed name of registered agent a	and title if applicable (NOTE	E Registere	d Agent signature required	I when reinstating)		DATE		
Elt	ENOWILL	FEE IS \$150,00	9. Election Campai	ign Finar	noing \$5	.00 мау Ве		· · · · - · · · · · · · · · · · · · · ·		
After M	ay 1, 2006	Fee will be \$550.0		ribution.	☐ Ādd	ed to Fees				
10.		OFFICERS AND I		11.		ADDITIONS	CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11
TITLE NAME	D PERRY, JAMES A		Delois	Dalois IITLE NAME					☐ Change	AddKion 🗔
STREET ADDRESS CITY-ST-21P	3			STREET A CHY+ST			U0000	0492639	_ }	
TITLE	ם		☐ Delote	TITLE			94/19/06	-80076 -	Change	Addition
NAME STREET ADDRESS	PERRY, ROSE P.O. BOX 361			NAME						}
CITY-ST-ZIP	3	S, FL 34451		•	ET ADDRESS -SI-ZIP					}
TITLE NAME			☐ Delete	TITLE	1				Change	☐ Addition
Street address City-St-Zip					ET ADDRESS -ST-ZIP					
TITLE NAME			☐ Oelofa	EITLE NAME	- 1	·			☐ Change	Addition
STREET ADDRESS				2	et aodress					
CITY-ST-ZIP			☐ Defate	CITY-	S1-Z1P				☐ Change	Addition
NAME			1_3 0000	NAME	(□ ruange	Addition
STREET ADDRESS CITY-ST-ZIP					ET AODRESS ST-ZIP					
IITLE NAME			☐ De/ete	FILE	i				☐ Change	Addition
STREET ADDRESS				NAME	T ADDRESS					1
CITY-ST-ZIP				CHY-	ST-ZIP					1
 I hereby c indicated of the corr changed, 	ertily that the ton this report of poration or the or an attack	nformation supplied with or supplemental report is receiver or trustee empo iment with an address, w	this filing does not qualify for true and accurate and that m wered to execute this report a lith all other like ampowered.	the exe	mptions contained ure shall have the s ed by Chapter 607	in Chapter 119 same legal effect, Florida Statute	, Florida Statutes. It as if made under s; and that my nam	further certing the certing th	fy that the in m an officer t Block 10 or	larmation or director Block 11 if