


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90481 002 \*\*\*150.00

**DOCUMENT # P99000085696**

1. Entity Name  
 THE PERRIN LAW FIRM, P.A.



Principal Place of Business 2401 WEST BAY DR STE 424 LARGO, FL 33770 US	Mailing Address 2401 WEST BAY DR STE 424 LARGO, FL 33770 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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00010010



04252007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3599960	Applied For Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fes Required

6. Name and Address of Current Registered Agent

GREGG, WILLIAM G  
 14144 6TH STREET  
 DADE CITY, FL 33526

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST PERRIN, JOHN P 3210 GULF BLVD., #205 BELLEAIR BEACH, FL 33786	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **JOHN P. PERRIN**

Date: **April 27, 2007** Daytime Phone #: **(727) 585-0500**