

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90050 004 ***150.00

DOCUMENT # V48088 1. Entity Name B.S. PERRY INC.																											
Principal Place of Business 1957 GROVE AVE FORT MYERS, FL 33901 US		Mailing Address 1957 GROVE AVE FORT MYERS, FL 33901 US																									
2. Principal Place of Business 320 NW BURK AVE		3. Mailing Address 320 NW BURK AVE																									
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																									
City & State LAKE CITY, FL		City & State LAKE CITY FL																									
Zip 32055		Zip 32055-3730																									
Country 		Country 																									
4. FEI Number 65-0343604		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent PERRY, BRUCE E 1957 GROVE AVE FT. MYERS, FL 33901		7. Name and Address of New Registered Agent Name PERRY, BRUCE E Street Address (P.O. Box Number is Not Acceptable) 320 NW BURK AVE City LAKE CITY FL Zip Code 32055-3730																									
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>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">P</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PERRY, BRUCE E</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1957 GROVE AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT MYERS, FL 33901</td> <td></td> </tr> </table>		TITLE	P	<input type="checkbox"/> Delete	NAME	PERRY, BRUCE E		STREET ADDRESS	1957 GROVE AVE		CITY-ST-ZIP	FORT MYERS, FL 33901		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">P</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>PERRY, BRUCE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>320 N.W. BURK AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKE CITY, FL 32055-3730</td> <td></td> </tr> </table>		TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	PERRY, BRUCE		STREET ADDRESS	320 N.W. BURK AVE		CITY-ST-ZIP	LAKE CITY, FL 32055-3730	
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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: <u>Bruce Perry (Pres)</u> <u>Bruce Perry (Pres)</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1-31-05</u> Daytime Phone # <u>386-754-0350</u>																									

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