

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000056308

**Entity Name:** PERCEPTION CONSULTANTS, INC.

**Current Principal Place of Business:**

2774 SOUTH OCEAN BLVD.  
#101  
PALM BEACH, FL 33480-5543

**Current Mailing Address:**

2774 SOUTH OCEAN BLVD.  
#101  
PALM BEACH, FL 33480-5543

**FEI Number:** 38-2992906

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TREPECK, NORMAN R  
2774 SOUTH OCEAN BLVD.  
#101  
PALM BEACH, FL 33480-5543 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P,VP  
Name TREPECK, NORMAN R  
Address 2774 SOUTH OCEAN BLVD. #101  
City-State-Zip: PALM BEACH FL 33480-5543

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** NORMAN TREPECK

**PRESIDENT**

**02/23/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date