

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000021784

**Entity Name:** PREDATORY PERCEPTIONS, INC.

**Current Principal Place of Business:**

2087 LAKE MARION DR.  
APOPKA, FL 32712

**Current Mailing Address:**

2087 LAKE MARION DR.  
APOPKA, FL 32712 US

**FEI Number:** 27-5386246

**Certificate of Status Desired:** No

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

ROSE, KEVIN  
2087 LAKE MARION DR.  
APOPKA, FL 32712 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	PVST	Title	D
Name	ROSE, KEVIN	Name	ROSE, KEVIN
Address	2087 LAKE MARION DR.	Address	2087 LAKE MARION DR.
City-State-Zip:	APOPKA FL 32712	City-State-Zip:	APOPKA FL 32712

*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:** KEVIN ROSE

**PRESIDENT**

**03/26/2015**

Electronic Signature of Signing Officer/Director Detail

Date