

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000003109

**Entity Name:** P3: PERFECT PROFESSIONAL PLANNING, CORP.

**Current Principal Place of Business:**

22649 MARSH WREN DRIVE  
LAND O LAKES, FL 34639

**Current Mailing Address:**

22649 MARSH WREN DRIVE  
LAND O LAKES, FL 34639

**FEI Number:** 20-8153605

**Certificate of Status Desired:** No

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

BENJAMIN, DEMENE  
22649 MARSH WREN DRIVE  
LAND O LAKES, FL 34639 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 PSTD  
Name BENJAMIN, DEMENE  
Address 22649 MARSH WREN DRIVE  
City-State-Zip: LAND O' LAKES FL 34639

Title BM  
Name POINDEXTER, ROBIN  
Address 1333 SOUTHEAST 17TH STREET  
City-State-Zip: OCALA FL 34471

Title ASST. SECRETARY  
Name BENJAMIN, DESTINY  
Address 22649 MARSH WREN DRIVE  
City-State-Zip: LAND O LAKES FL 34639

*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:** DEMENE C. BENJAMIN

**OWNER**

**02/02/2020**

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

\_\_\_\_\_  
Date