

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000003109

FILED  
Apr 26, 2012  
Secretary of State

Entity Name: P3: PERFECT PROFESSIONAL PLANNING, CORP.

**Current Principal Place of Business:**

22649 MARSH WREN DRIVE  
LAND O LAKES, FL 34639

**New Principal Place of Business:**

**Current Mailing Address:**

22649 MARSH WREN DRIVE  
LAND O LAKES, FL 34639

**New Mailing Address:**

FEI Number: 20-8153605

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BENJAMIN, DEMENE  
22649 MARSH WREN DRIVE  
LAND O LAKES, FL 33612 US

**Name and Address of New 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

04/26/2012

Date

**OFFICERS AND DIRECTORS:**

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

Title: D  
Name: BENJAMIN, RODNEY  
Address: 22649 MARSH WREN DRIVE  
City-St-Zip: LAND O' LAKES, FL 34639

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

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

Electronic Signature of Signing Officer or Director

PSTD

04/26/2012

Date