

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H28413

FILED  
Mar 06, 2012  
Secretary of State

Entity Name: CORVETTES WEST, INC.

**Current Principal Place of Business:**

% THOMAS MOLLER  
6175A CLARK CENTER AVENUE  
SARASOTA, FL 34238

**New Principal Place of Business:**

**Current Mailing Address:**

% THOMAS MOLLER  
6175A CLARK CENTER AVENUE  
SARASOTA, FL 34238

**New Mailing Address:**

FEI Number: 59-2464224      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MOLLER, THOMAS  
6175A CLARK CENTER AVENUE  
SARASOTA, FL 34238      US

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

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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: MOLLER, THOMAS  
Address: 6175A CLARK CENTER AVE  
City-St-Zip: SARASOTA, FL 34238

Title: VTS  
Name: MOLLER, DEBORA S  
Address: 6175A CLARK CENTER AVE.  
City-St-Zip: SARASOTA, FL 34238

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: THOMAS MOLLER

DP

03/06/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date