

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000098815

Entity Name: B L V OF FLORIDA, INC.

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1815 COROLLA CT  
DELTONA, FL 32738

**New Principal Place of Business:**

**Current Mailing Address:**

1815 COROLLA CT  
DELTONA, FL 32738

**New Mailing Address:**

FEI Number: 27-1612719

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VELLE, VICTOR L  
1815 COROLLA CT  
DELTONA, FL 32738 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: D  
Name: MOWER, HARVEY L  
Address: 200 MAITLAND AVE UNIT 191  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D  
Name: VELLE, VICTOR L  
Address: 1815 COROLLA CT  
City-St-Zip: DELTONA, FL 32738

Title: D  
Name: WRIGHT, ROBERT R III  
Address: 1017 EDGEWATER CT  
City-St-Zip: ORLANDO, FL 32804

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: VICTOR L. VELLE

D

04/27/2012

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

\_\_\_\_\_  
Date