

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000037432

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Entity Name:** HERS - LIFE ADVENTURES, INC.

**Current Principal Place of Business:**

3333 49TH STREET NORTH  
ST PETERSBURG, FL 33710

**New Principal Place of Business:**

**Current Mailing Address:**

780 123RD AVE  
TREASURE ISLAND, FL 33706

**New Mailing Address:**

12550 6TH ST. EAST  
TREASURE ISLAND, FL 33706

**FEI Number:** 27-4641480

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RINGELSPAUGH, KEITH A  
3333 49TH STREET NORTH  
ST PETERSBURG, FL 33710 US

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

RINGELSPAUGH, KEITH A  
3347 49TH STREET NORTH  
ST PETERSBURG, FL 33710 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

01/06/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: BESTULIC, LESLIE A  
Address: 12550 6TH STREET EAST  
City-St-Zip: TREASURE ISLAND, FL 33706

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: LESLIE A BESTULIC

O/D

01/06/2012

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

\_\_\_\_\_  
Date