

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000092403

Entity Name: THE BOOKKEEPERS, INC.

**FILED**  
**Mar 02, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

220 MIRACLE MILE  
224  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

220 MIRACLE MILE  
224  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 65-0542388

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LOCKWOOD, KEVIN J  
220 MIRACLE MILE  
224  
CORAL GABLES, FL 33134 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: LOCKWOOD, KEVIN J  
Address: 220 MIRACLE MILE, STE. 224  
City-St-Zip: CORAL GABLES, FL 33134

Title: D  
Name: FORSHEE, WILLIAM H  
Address: 220 MIRACLE MILE, STE. 224  
City-St-Zip: CORAL GABLES, FL 33134

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: KEVIN J. LOCKWOOD

D

03/02/2012

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

\_\_\_\_\_  
Date