

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10893

**Entity Name:** PROJECT RETURN, INC.

**Current Principal Place of Business:**

304 W WATERS AVE  
TAMPA, FL 33604

**Current Mailing Address:**

304 W WATERS AVE  
TAMPA, FL 33604

**FEI Number: 59-2612753**

**Certificate of Status Desired: Yes**

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

MITCHELS, NATALIE  
304 WEST WATERS AVE  
TAMPA, FL 33604 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

Date

**Officer/Director Detail :**

Title STD  
Name ADAMS, DEBORAH  
Address 4940 WILLOW RIDGE TERRACE  
City-State-Zip: VALRICO FL 33594

Title D  
Name PRESTON, MARIE  
Address 1057 S. CLEARVIEW AVENUE  
City-State-Zip: TAMPA FL 33629

Title PD  
Name KURTZMAN, ROBIN  
Address 8218 RIVER BOAT DRIVE  
City-State-Zip: TAMPA FL 33637

Title MD  
Name MITCHELS, NATALIE  
Address 303 WEST WATERS AVE  
City-State-Zip: TAMPA FL 33604

Title D  
Name HIGGINS, LAWRENCE MON.  
Address 5225 N HIMES AVE  
City-State-Zip: TAMPA FL 33614

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: NATALIE Y. MITCHELS**

**EXECUTIVE DIRECTOR**

**04/15/2013**

Electronic Signature of Signing Officer/Director Detail

Date