

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L72557

**Entity Name:** ALYCE M. STULTS ENTERPRISES, INC.

**Current Principal Place of Business:**

619 NEWHALL LANE  
DEBARY, FL 32713

**Current Mailing Address:**

619 NEWHALL LANE  
DEBARY, FL 32713 US

**FEI Number:** 65-0192600

**Certificate of Status Desired:** No

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

STULTS, KENNETH  
619 NEWHALL LANE  
DEBARY, FL 32713 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            PTD  
Name            STULTS, KENNETH D  
Address        619 NEWHALL LANE  
City-State-Zip: DEBARY FL 32713

Title            VSD  
Name            STULTS, ALYCE M  
Address        619 NEWHALL LANE  
City-State-Zip: DEBARY FL 32713

*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:** ALYCE M STULTS

**SECRETARY**

**03/29/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date