

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000115302

**Entity Name:** TRANSFORMATIONS, INC.

**Current Principal Place of Business:**

2630 NW 41ST STREET, BLDG A  
GAINESVILLE, FL 32606

**Current Mailing Address:**

PO BOX 358878  
GAINESVILLE, FL 32635-8878 US

**FEI Number: 65-1074659**

**Certificate of Status Desired: No**

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

ROBIN, ELINOR  
2732 NW 39 DRIVE  
GAINESVILLE, FL 32606 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            PRES  
Name            ROBIN, ELINOR  
Address        PO BOX 358878  
City-State-Zip: GAINESVILLE FL 32635-8878

Title            VP  
Name            SPOFFORD, DAVID J  
Address        PO BOX 358878  
City-State-Zip: GAINESVILLE FL 32635-8878

Title            SECY  
Name            SPOFFORD, DAVID J  
Address        PO BOX 358878  
City-State-Zip: GAINESVILLE FL 32635-8878

Title            T  
Name            ROBIN, ELINOR  
Address        PO BOX 358878  
City-State-Zip: GAINESVILLE FL 32635-8878

Title            D  
Name            ROBIN, ELINOR  
Address        PO BOX 358878  
City-State-Zip: GAINESVILLE FL 32635-8878

Title            D  
Name            SPOFFORD, DAVID J  
Address        PO BOX 358878  
City-State-Zip: GAINESVILLE FL 32635-8878

*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: DAVID SPOFFORD**

**VP**

**01/26/2017**

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

\_\_\_\_\_  
Date