## 2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000115302

Entity Name: TRANSFORMATIONS, INC.

**Current Principal Place of Business:** 

2732 NW 39 DRIVE 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

FILED Apr 04, 2018

**Secretary of State** 

CC0981114026

Officer/Director Detail:

Title PRES Title VP

Name ROBIN, ELINOR Name SPOFFORD, DAVID J
Address PO BOX 358878 Address PO BOX 358878

City-State-Zip: GAINESVILLE FL 32635-8878 City-State-Zip: GAINESVILLE FL 32635-8878

Title SECY Title T

Name SPOFFORD, DAVID J Name ROBIN, ELINOR
Address PO BOX 358878 Address PO BOX 358878

City-State-Zip: GAINESVILLE FL 32635-8878 City-State-Zip: GAINESVILLE FL 32635-8878

Title D Title D

Name ROBIN, ELINOR Name SPOFFORD, DAVID J

Address PO BOX 358878 Address PO BOX 358878

City-State-Zip: GAINESVILLE FL 32635-8878 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.

**VP** 

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: DAVID SPOFFORD

04/04/2018

Date