

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000115302

Entity Name: TRANSFORMATIONS, INC.

Current Principal Place of Business:

3902 NW 21ST LANE
GAINESVILLE, FL 32605

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
3902 NW 21ST LANE
GAINESVILLE, FL 32605 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

03/23/2021

Electronic Signature of Signing Officer/Director Detail

Date