

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000050932

Entity Name: 12PALMS RECOVERY INC.**Current Principal Place of Business:**3203 NE MAPLE AVE
JENSEN BEACH, FL 34957**Current Mailing Address:**3203 NE MAPLE AVE
JENSEN BEACH, FL 34957 US**FEI Number:** 26-2661527**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COOL, MAUREEN E
12737 S INDIAN RIVER DRIVE
JENSEN BEACH, FL 34987 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	P
Name	COOL, MAUREEN EPRES
Address	3203 NE MALE AVE
City-State-Zip:	JENSEN BEACH FL 34957

Title	VP
Name	COOL, MAUREEN EVP
Address	3203 NE MAPLE AVE
City-State-Zip:	JENSEN BEACH FL 34957

Title	SEC
Name	COOL, MAUREEN ESEC
Address	3203 NE MAPLE AVE
City-State-Zip:	JENSEN BEACH FL 34957

Title	TREA
Name	COOL, MAUREEN ETREASUR
Address	3203 NE MAPLE AVE
City-State-Zip:	JENSEN BEACH FL FL 34957

Title	DIRE
Name	COOL, MAUREEN EDIRECTO
Address	3203 NE MAPLE AVE
City-State-Zip:	JENSEN BEACH FL 34957

Title	DIRE
Name	COOL, MAUREEN EDIRECTO
Address	3203 NE MAPLE AVE
City-State-Zip:	JENSEN BEACH FL 34957

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: MAUREEN E COOL**PRESIDENT****01/17/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date