

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000078538

**Entity Name:** LOSS PREVENTION RESEARCH CENTER, INC.

**Current Principal Place of Business:**

3324 W. UNIVERSITY AVE.  
STE. 351  
GAINESVILLE, FL 32607

**Current Mailing Address:**

3324 W. UNIVERSITY AVE.  
STE. 351  
GAINESVILLE, FL 32607 US

**FEI Number:** 27-1373630

**Certificate of Status Desired:** No

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

HAYES, RICHARD  
3324 W. UNIVERSITY AVE.  
STE. 351  
GAINESVILLE, FL 32607 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 DR.  
Name HAYES, RICHARD R  
Address 3324 W. UNIVERSITY AVE. STE. 351  
City-State-Zip: GAINESVILLE FL 32607

Title MS.  
Name HAYES, CARRIE  
Address 3324 W. UNIVERSITY AVE. STE. 351  
City-State-Zip: GAINESVILLE FL 32607

*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:** RICHARD HAYES

**DIRECTOR**

**01/09/2017**

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

\_\_\_\_\_  
Date