

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000028093

**Entity Name:** CUP OF GLOVES INC.

**Current Principal Place of Business:**

4155 SW 116TH PLACE  
OCALA, FL 34476

**Current Mailing Address:**

4155 SW 116TH PLACE  
OCALA, FL 34476

**FEI Number:** 45-4889329

**Certificate of Status Desired:** Yes

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

HECHT, JONATHAN C  
4155 SW 116TH PLACE  
OCALA, FL 34476 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	Title	P
Name	FROST, ANDREW P	Name	HECHT, JONATHAN C
Address	218 BON VIE PLACE	Address	4155 SW 116TH PLACE
City-State-Zip:	VALRICO FL 33594	City-State-Zip:	OCALA FL 34476

*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:** ANDREW P FROST

**PRESIDENT**

**01/29/2013**

Electronic Signature of Signing Officer/Director Detail

Date