

2012 FOR PROFIT CORPORATE ANNUAL REPORT

FILED

12 MAY 17 PM 4:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05102012 Chg-P CR2E034 (12/11)

4. FEI Number **59-1112094** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASEY, MAUREEN
1357 N OCEAN BLVD.
#308
STUART, FL 34996

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 28, 2012

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PETZ, MAURICE	
STREET ADDRESS	1357 N OCEAN BLVD.	
CITY- ST- ZIP	STUART, FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CASEY, MAUREEN	
STREET ADDRESS	1357 N OCEAN BLVD.	
CITY- ST- ZIP	STUART, FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	CASEY, PATRICK	
STREET ADDRESS	1357 NE OCEAN BLVD 308	
CITY- ST- ZIP	STUART, FL 34996	
TITLE	D	<input type="checkbox"/> Delete
NAME	PETZ, ROBERT	
STREET ADDRESS	3644 SW 16TH ST	
CITY- ST- ZIP	OKEECHOBEE, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

300235293053
05/18/12--01028--021 **150.00

MAY 17 2012

S. PRATHER

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

E-MAIL ADDRESS

CASEY MAUREEN@COMCAST.NET