

2012 FOR PROFIT CORPORATION ANNUAL REPORT



DOCUMENT # 362976

1. Entity Name
LAURA B. HANCOCK, OF FT. PIERCE, INC.

12 MAY 23 AM 9:51

Principal Place of Business
1840 TARPON LANE
D-204
VERO BEACH, FL 32960 US

Mailing Address
1840 TARPON LANE
D-204
VERO BEACH, FL 32960 US



05092012 Chg-P CR2E034 (12/11)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1292318

Applied For

Not Applicable

Zip

Country

Zip

Country

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

REEVES, BETTY
1840 TARPON LANE
D-204
VERO BEACH, FL 32960

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 re-registering)

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
NAME
STREET ADDRESS
CITY-ST-ZIP

PTD
REEVES, BETTY ANN
1840 TARPON LANE D-204
VERO BEACH, FL 32960

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
REEVES, BETTY ANN
1840 TARPON LANE D-204
VERO BEACH, FL 32960

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
REEVES, BETTY ANN
1840 TARPON LANE D-204
VERO BEACH, FL 32960

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

900235489459
05/23/12--01003--017 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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

BETTY A. REEVES

MAY 24 2012

A. DUNLAP