

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 416831

**FILED**  
**Mar 07, 2012**  
**Secretary of State**

**Entity Name:** CYNTHIA WILD DESIGN, INC.

**Current Principal Place of Business:**

330 11TH AVENUE SOUTH  
REAR  
NAPLES, FL 34102 US

**New Principal Place of Business:**

1508 BLUEPOINT AVENUE #3  
NAPLES, FL 34102 US

**Current Mailing Address:**

P.O. BOX 11029  
NAPLES, FL 34101

**New Mailing Address:**

**FEI Number:** 59-1463268

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILD, CYNTHIA  
330 11TH AVENUE SOUTH - REAR  
NAPLES, FL 34102 US

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

WILD, CYNTHIA  
1508 BLUEPOINT AVENUE #3  
NAPLES, FL 34102 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:

03/07/2012

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: WILD, CYNTHIA  
Address: 1508 BLUEPOINT AVENUE #3  
City-St-Zip: NAPLES, FL 34102

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: CYNTHIA WILD

P/S/

03/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date