

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 544675

Entity Name: WOLCOTT, INC.

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

919 N A1A  
FLAGLER BEACH, FL 32136

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1407  
FLAGLER BEACH, FL 32136

**New Mailing Address:**

FEI Number: 59-1788532

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CHIUMENTO, MICHAEL D.  
145 CITY PLACE  
PALM COAST, FL 32164 US

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

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

**OFFICERS AND DIRECTORS:**

Title: STD  
Name: MEANS, PENELOPE E  
Address: 78 RAINTREE DR  
City-St-Zip: PORT ORANGE, FL 32127

Title: PVD  
Name: WOLCOTT, GAIL O  
Address: 919 N A1A  
City-St-Zip: FLAGLER BEACH, FL 32136

Title: VD  
Name: STEVENSON, EDWARD  
Address: 15 FERNERY TRAIL  
City-St-Zip: ORMOND BEACH, FL 32174

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: GAIL WOLCOTT

PVD

03/16/2011

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

\_\_\_\_\_  
Date