

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 570817

**FILED**  
**Mar 19, 2012**  
**Secretary of State**

**Entity Name:** JOHN FENNIMAN, CHARTERED

**Current Principal Place of Business:**

N5540 ROCKY RIDGE ROAD  
SPOONER, WI 54801 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 2455  
STUART, FL 34995 US

**New Mailing Address:**

**FEI Number:** 59-1812780

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FENNIMAN, SEAN D  
1700 N W RIVER TRAIL  
STUART, FL 34994 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: PTDS  
Name: FENNIMAN, JOHN  
Address: N5540 ROCKY RIDGE ROAD  
City-St-Zip: SPOONER, WI 54801

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: JOHN FENNIMAN

PTSD

03/19/2012

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

\_\_\_\_\_  
Date