

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 677551

FILED  
Jun 11, 2012  
Secretary of State

Entity Name: WITTEKIND ENTERPRISES, INC.

**Current Principal Place of Business:**

2587 SYKES CREEK DR.  
MERRITT ISLAND, FL 32953 US

**New Principal Place of Business:**

**Current Mailing Address:**

2587 SYKES CREEK DR.  
MERRITT ISLAND, FL 32953 US

**New Mailing Address:**

FEI Number: 59-2008591

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WITTEKIND, GARY  
2587 SYKES CREEK DR.  
MERRITT ISLAND, FL 32953 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: TPD  
Name: WITTEKIND, GARY A MR  
Address: 2587 SYKES CREEK DR.  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: VPD  
Name: WITTEKIND, BRYCE A MR  
Address: 2587 SYKES CREEK DR.  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: D  
Name: WITTEKIND, SHANA M MS  
Address: 5329 HARBOUR ISLES PLACE  
City-St-Zip: NORTH PALM BEACH, FL 33410

Title: SD  
Name: WITTEKIND, CORIE N MS  
Address: 1223 W KING ST  
City-St-Zip: COCOA, FL 32953 US

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: GARY WITTEKIND

PRES

06/11/2012

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

\_\_\_\_\_  
Date