

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000005718

Entity Name: CIRCLE ONE, INC.

**FILED**  
**Apr 15, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1766 IMPERIAL PALM DRIVE  
APOPKA, FL 32712

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2461  
APOPKA, FL 327042461

**New Mailing Address:**

FEI Number: 22-3832687

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CRAWFORD, ALFRED R  
1766 IMPERIAL PALM DRIVE  
APOPKA, FL 32712 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: PVST  
Name: CRAWFORD, ALFRED R  
Address: 1766 IMPERIAL PALM DRIVE  
City-St-Zip: APOPKA, FL 32712

Title: CD  
Name: CRAWFORD, ALFRED R  
Address: 1766 IMPERIAL PALM DRIVE  
City-St-Zip: APOPKA, FL 32712

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: ALFRED R CRAWFORD

PRES

04/15/2011

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

\_\_\_\_\_  
Date