

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000000571

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

**Entity Name:** THE LAUREL GROUP, INC.

**Current Principal Place of Business:**

5119 CHANDELLE DRIVE  
PENSACOLA, FL 325078135

**New Principal Place of Business:**

**Current Mailing Address:**

5119 CHANDELLE DRIVE  
PENSACOLA, FL 325078135

**New Mailing Address:**

**FEI Number:** 62-1493416

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEE, JAMES F  
605 W. MORENO STREET  
PENSACOLA, FL 32501 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:** CVPT  
**Name:** MATTHEWS, JOHN H  
**Address:** 5119 CHANDELLE DRIVE  
**City-St-Zip:** PENSACOLA, FL 325078135

**Title:** VCP  
**Name:** MATTHEWS, NANCY S  
**Address:** 5119 CHANDELLE DRIVE  
**City-St-Zip:** PENSACOLA, FL 325078135

**Title:** D  
**Name:** VALDYKE, KATHERINE M  
**Address:** 1154 HOWELL CREEK DR  
**City-St-Zip:** WINTER SPRINGS, FL 32708

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 H MATTHEWS

CVPT

03/19/2012

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

\_\_\_\_\_  
Date