

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F98796

Entity Name: DONALD L. HANCOCK, INC.

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

**Current Principal Place of Business:**

364 GOLFVIEW RD  
#207  
NORTH PALM BEACH, FL 33408 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 14611  
NORTH PALM BEACH, FL 33408 US

**New Mailing Address:**

364 GOLFVIEW RD  
#207  
NORTH PALM BEACH, FL 33408 US

FEI Number: 59-2223913

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HANCOCK, FRANCES L MS.  
364 GOLFVIEW RD  
#207  
NORTH PALM BEACH, FL 33408 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: PST  
Name: HANCOCK, FRANCES L MS.  
Address: 364 GOLFVIEW RD., #207  
City-St-Zip: NORTH PALM BEACH, FL 33408 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: FRANCES L HANCOCK

PST

02/16/2011

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

\_\_\_\_\_  
Date