

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H43060

Entity Name: MOUETTE, INC.

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

**Current Principal Place of Business:**

225 S. DIXIE FRWY  
NEW SMYRNA BEACH, FL 32168 US

**New Principal Place of Business:**

**Current Mailing Address:**

225 S. DIXIE FRWY  
NEW SMYRNA BEACH, FL 32168 US

**New Mailing Address:**

FEI Number: 59-2539122

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FOLEY, DAVID M SR  
103 VIA DUOMO  
NEW SMYRNA BEACH, FL 32169 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: PD  
Name: FOLEY, DAVID M.SR  
Address: 103 VIA DUOMO  
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

Title: STD  
Name: FOLEY, PATRICIA K.  
Address: 103 VIA DUOMO  
City-St-Zip: NEW SMYRNA BEACH, FL 32169 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: DAVID M. FOLEY SR.

PD

03/19/2012

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

\_\_\_\_\_  
Date