

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H51604

FILED  
Feb 16, 2012  
Secretary of State

**Entity Name:** J. CLEWISTON LABELLE & ASSOCIATES, INC.

**Current Principal Place of Business:**

5656 PIPERS WAITE  
SARASOTA, FL 34235 US

**New Principal Place of Business:**

**Current Mailing Address:**

5317 FRUITVILLE ROAD #213  
SARASOTA, FL 34232 US

**New Mailing Address:**

**FEI Number:** 59-2734610

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FRED G SCHALLER  
5656 PIPERS WAITE  
SARASOTA, FL 34235 US

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

LAURA M. KIDMAN  
8486 N. LOCKWOOD RIDGE  
182  
SARASOTA, FL 34243 US

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: LAURA M. KIDMAN

02/16/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: JOHN B. SCHALLER  
Address: 25 FORT STREET  
City-St-Zip: NILES, MI 49120

Title: VP  
Name: SCHALLER, JOHN B.  
Address: 25 FORT STREET  
City-St-Zip: NILES, MI 49120

Title: SEC.  
Name: KIDMAN, LAURA M.  
Address: 5317 FRUITVILLE RD.  
City-St-Zip: SARASOTA, FL 34232

Title: TREA  
Name: KIDMAN, LAURA M.  
Address: 5317 FRUITVILLE RD.  
City-St-Zip: SARASOTA, FL 34232

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: LAURA M. KIDMAN

TREA

02/16/2012

Electronic Signature of Signing Officer or Director

Date