

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K48651

FILED  
Apr 26, 2012  
Secretary of State

**Entity Name:** DEACON'S MERCANTILE STORE, INC.

**Current Principal Place of Business:**

5770 W. IRLO BRONSON HWY.  
SUITE 421  
KISSIMMEE, FL 34746

**New Principal Place of Business:**

**Current Mailing Address:**

4767 NEW BROAD STREET  
C/O ANDREW L. ASHER, ESQ.  
ORLANDO, FL 32814

**New Mailing Address:**

**FEI Number:** 59-2920671

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ASHER, ANDREW L  
4767 NEW BROAD STREET  
ORLANDO, FL 32814 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: TOLLMAN, BEATRICE  
Address: C/O ANDREW L. ASHER 4767 NEW BROAD STREET  
City-St-Zip: ORLANDO, FL 32814

Title: SD  
Name: ASHER, ANDREW L  
Address: 4767 NEW BROAD STREET  
City-St-Zip: ORLANDO, FL 32814

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: ANDREW L. ASHER

SD

04/26/2012

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

\_\_\_\_\_  
Date