

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L76342

**FILED**  
**Jan 28, 2011**  
**Secretary of State**

**Entity Name:** NOTICE TO OWNER OF FLORIDA, INC.

**Current Principal Place of Business:**

401 CENTER POINTE CIRCLE  
SUITE 1521  
ALTAMONTE SPRINGS, FL 32701 US

**New Principal Place of Business:**

**Current Mailing Address:**

401 CENTER POINTE CIRCLE  
SUITE 1521  
ALTAMONTE SPRINGS, FL 32701 US

**New Mailing Address:**

**FEI Number:** 59-3014523

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CARROLL, DENISE  
401 CENTER POINTE CIRCLE, #1521  
SUITE 1521  
ALTAMONTE SPRINGS, FL 32701 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: DP  
Name: CARROLL, DENISE  
Address: 401 CENTER POINTE CIRCLE, #1521  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: DV  
Name: CARROLL, PATRICK  
Address: 401 CENTER POINTE CIRCLE, #1521  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: DENISE CARROLL

P

01/28/2011

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

\_\_\_\_\_  
Date