

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000003559

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** THE SIRCLE INC.

**Current Principal Place of Business:**

6312 SE 41ST COURT  
OCALA, FL 34480

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1171  
OCALA, FL 34478

**New Mailing Address:**

**FEI Number:** 45-0485652

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WATERS, LUZONIA  
13676 NW 52ND COURT ROAD  
REDDICK, FL 32686 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:** GRAHAM, CYNTHIA  
**Address:** P O BOX 1171  
**City-St-Zip:** Ocala, FL 34478

**Title:** VP  
**Name:** JONES, SHATASHA  
**Address:** P O BOX 1533  
**City-St-Zip:** Ocala, FL 34478

**Title:** TD  
**Name:** WISE, CYNTHIA  
**Address:** P O BOX 1171  
**City-St-Zip:** Ocala, FL 34478

**Title:** SEC  
**Name:** BROWN, ANGELA  
**Address:** 14722 SW 22 CT. ROAD  
**City-St-Zip:** Ocala, FL 34473

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** SHATASHA JONES

VP

04/21/2011

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

\_\_\_\_\_  
Date