

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000007095

**FILED**  
**Feb 17, 2012**  
**Secretary of State**

**Entity Name:** ESCOLINE ENTERPRISES, INC.

**Current Principal Place of Business:**

93 ALAFAYA WOODS BLVD.  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

93 ALAFAYA WOODS BLVD.  
OVIEDO, FL 32765

**New Mailing Address:**

**FEI Number:** 59-3720133

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SIDHU, RAVJOT  
93 ALAFAYA WOODS BLVD.  
OVIEDO, FL 32765 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:** P  
**Name:** SIDHU, RAVJOT  
**Address:** 93 ALAFAYA WOODS BLVD.  
**City-St-Zip:** OVIEDO, FL 32765

**Title:** VP  
**Name:** SIDHU, CHERYL  
**Address:** 93 ALAFAYA WOODS BLVD.  
**City-St-Zip:** OVIEDO, FL 32765

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:** RAVJOT SIDHU

PRES

02/17/2012

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

\_\_\_\_\_  
Date