

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000020481

Entity Name: 5 SISTERS, INC.

**FILED**  
**Feb 09, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

330 A1A NORTH  
SUITE 201  
PONTE VERDA BEACH, FL 32082

**New Principal Place of Business:**

**Current Mailing Address:**

330 A1A NORTH  
SUITE 201  
PONTE VEDRA BEACH, FL 32082

**New Mailing Address:**

FEI Number: 45-0476978

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

EAKIN, PAUL M  
559 ATLANTIC BOULEVARD  
SUITE 4  
ATLANTIC BEACH, FL 32233 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: PSTD  
Name: REDICK, DEBBIE  
Address: 205 1ST STREET SOUTH #601  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: TREA  
Name: REDICK, RICHARD J  
Address: 205 1ST STREET SOUTH #601  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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: RICHARD REDICK

TREA

02/09/2011

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

\_\_\_\_\_  
Date