

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000038379

**FILED**  
**Feb 06, 2012**  
**Secretary of State**

**Entity Name:** STRETCH PERSPECTIVE, INC

**Current Principal Place of Business:**

2774 THOMAS CT.  
PENSACOLA, FL 32503

**New Principal Place of Business:**

2775 THOMAS CT.  
PENSACOLA, FL 32503

**Current Mailing Address:**

2774 THOMAS CT.  
PENSACOLA, FL 32503

**New Mailing Address:**

2775 THOMAS CT.  
PENSACOLA, FL 32503

**FEI Number:** 01-0681983

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WAGNER, BARBARA J  
2774 THOMAS CT.  
PENSACOLA, FL 32503 US

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

WAGNER, BARBARA J  
2775 THOMAS CT.  
PENSACOLA, FL 32503 US

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:

02/06/2012

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: WAGNER, BARBARA J  
Address: 2775 THOMAS CT.  
City-St-Zip: PENSACOLA, FL 32503

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: BARBARA J. WAGNER

D

02/06/2012

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

\_\_\_\_\_  
Date