

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000102683

**FILED**  
**Feb 26, 2012**  
**Secretary of State**

**Entity Name:** MAID TO SHINE, INC.

**Current Principal Place of Business:**

212 CR 466  
LADY LAKE, FL 32159

**New Principal Place of Business:**

212 CR 466  
LADY LAKE, FL 32159 UN

**Current Mailing Address:**

P.O. BOX 1539  
LADY LAKE, FL 32158

**New Mailing Address:**

**FEI Number:** 52-2378601

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CICHIELO, KAREN D  
41815 TALL PINE ST.  
WEIRSDALE, FL 32195 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: DPS  
Name: CICHIELO, KAREN D  
Address: 41815 TALL PINE ST.  
City-St-Zip: WEIRSDALE, FL 32195

Title: DVT  
Name: CICHIELO, JAMES A  
Address: 41815 TALL PINE ST.  
City-St-Zip: WEIRSDALE, FL 32195

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: JAMES A CICHIELO

VP

02/26/2012

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

\_\_\_\_\_  
Date