

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000020747

**FILED**  
**Jan 18, 2012**  
**Secretary of State**

**Entity Name:** GISELA SMITH, PA

**Current Principal Place of Business:**

1219 CAREY GLEN CIRCLE  
ORLANDO, FL 32824

**New Principal Place of Business:**

219 ZACHARY WADE STREET  
WINTER GARDEN, FL 34787

**Current Mailing Address:**

1219 CAREY GLEN  
ORLANDO, FL 32824

**New Mailing Address:**

219 ZACHARY WADE STREET  
WINTER GARDEN, FL 34787

**FEI Number:** 65-1174589

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMITH, GISELA  
1219 CAREY GLEN CIRCLE  
ORLANDO, FL 32824 US

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

SMITH, GISELA  
219 ZACHARY WADE STREET  
WINTER GARDEN, FL 34787 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:

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

01/18/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PA  
Name: SMITH, GISELA  
Address: 219 ZACHARY WADE STREET  
City-St-Zip: WINTER GARDEN, FL 34787

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: GISELA SMITH, PA

PA

01/18/2012

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

\_\_\_\_\_  
Date