

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000043746

**FILED**  
**Apr 12, 2012**  
**Secretary of State**

**Entity Name:** HOME BODIES OF LAKE COUNTY, INC.

**Current Principal Place of Business:**

411 S. PALM AVENUE  
HOWEY-IN-THE-HILLS, FL 34737

**New Principal Place of Business:**

**Current Mailing Address:**

411 S. PALM AVENUE  
HOWEY-IN-THE-HILLS, FL 34737

**New Mailing Address:**

FEI Number: 59-3431347

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WOLCOTT, BETTY  
411 S. PALM AVENUE  
HOWEY-IN-THE-HILLS, FL 34737 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: DPT  
Name: WOLCOTT, LOUIS  
Address: 411 S. PALM AVENUE  
City-St-Zip: HOWEY-IN-THE-HILLS, FL 34737

Title: DVS  
Name: WOLCOTT, BETTY  
Address: 411 S. PALM AVENUE  
City-St-Zip: HOWEY-IN-THE-HILLS, FL 34737

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: LOUIS R. WOLCOTT

PRES

04/12/2012

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

\_\_\_\_\_ Date