

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000060492

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** CLAIRE P. WINHOFFER, P.A.

**Current Principal Place of Business:**

1293 LINDENWOOD DR  
TARPON SPRINGS, FL 34688 US

**New Principal Place of Business:**

**Current Mailing Address:**

1293 LINDENWOOD DR  
TARPON SPRINGS, FL 34688 US

**New Mailing Address:**

**FEI Number:** 55-0834052

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ROBERT F. DIMARCO, C.P.A., PA  
3444 EAST LAKE ORAD  
SUITE 412  
PALM HARBOR, FL 34653 US

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

ROBERT F. DIMARCO, C.P.A., PA  
220 N. PINE AVE  
SUITE A  
OLDSMAR, FL 34677 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

01/05/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: WINHOFFER, CLAIRE P  
Address: 1293 LINDENWOOD DR  
City-St-Zip: TARPON SPRINGS, FL 34688 US

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: CLAIRE P WINHOFFER

PRES

01/05/2012

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

\_\_\_\_\_  
Date