

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000062078

Entity Name: SOULMATES FOREVER INC

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3958 N.W. PINE ISLAND RD  
MATLACHA, FL 33993 US

**New Principal Place of Business:**

**Current Mailing Address:**

1408 CAPE CORAL PKWY E  
CAPE CORAL, FL 33904 US

**New Mailing Address:**

FEI Number: 83-0360001

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TOSCANO, STACIE L  
3692 NW PINE ISLAND RD  
MATLACHA, FL 33993 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: PRES  
Name: PEER, CURT W  
Address: 1714 SW 15TH AVE  
City-St-Zip: CAPE CORAL, FL 33991 US

Title: S/T  
Name: TOSCANO, STACIE L  
Address: 3962 NW PINE ISLAND RD  
City-St-Zip: MATLACHA, FL 33993

Title: VP  
Name: TOSCANO, DOMINICK  
Address: 3962 NW PINE ISLAND RD  
City-St-Zip: MATLACHA, FL 33993 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: STACIE L TOSCANO

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03/16/2011

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

\_\_\_\_\_  
Date