

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000146758

Entity Name: REEMPLOYABILITY, INC.

FILED  
Mar 06, 2012  
Secretary of State

**Current Principal Place of Business:**

3244 PARKSIDE CENTER CIRCLE  
TAMPA, FL 33619

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 89367  
TAMPA, FL 33689

**New Mailing Address:**

3244 PARKSIDE CENTER CIRCLE  
TAMPA, FL 33619

FEI Number: 20-0451312

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: LIVINGSTON, DEBRA A  
Address: 5909 CHERRY OAK DRIVE  
City-St-Zip: VALRICO, FL 33596

Title: VP  
Name: FORD, FRANCES F  
Address: PO BOX 1426  
City-St-Zip: MANGO, FL 33550

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: DEBRA A. LIVINGSTON

PRES

03/06/2012

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

\_\_\_\_\_  
Date