## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000149511

Entity Name: LARRY J. MORELLI, INCORPORATED

FILED Feb 15, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5153 MONTFORD CIRCLE SPRING HILL, FL 35606

Current Mailing Address: New Mailing Address:

5153 MONTFORD CIRCLE SPRING HILL, FL 35606

FEI Number: 59-3629464 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

MORELLI, SUSAN
2066 ALAMEDA DR
5153 MONTFORD CIRCLE
SPRING HILL, FL 34609 US
SPRING HILL, FL 34606 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: SUSAN MORELLI 02/15/2012

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: PD

Name: MORELLI, LARRY J
Address: 5153 MONTFORD CIRCLE
City-St-Zip: SPRING HILL, FL 34606

Title: VP

Name: MORELLI, SUSAN M Address: 5153 MONTFORD CIRCLE City-St-Zip: SPRING HILL, FL 34606

Title: VP

Name: MORELLI, SUSAN
Address: 5153 MONTFORD CIRCLE
City-St-Zip: SPRING HILL, FL 34606

Title: STD

Name: MORELLI, SUSAN

Address: 5153 MONTFORD CIRCLE City-St-Zip: SPRING HILL, FL 34606

Title: VF

Name: MORELLI, SUSAN
Address: 5153 MONTFORD CIRCLE
City-St-Zip: SPRING HILL, FL 34606

Title: VP

 Name:
 MORELLI, SUSAN

 Address:
 5153 MONTFORD CIRCLE

 City-St-Zip:
 SPRING HILL, FL 34606

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: SUSAN MORELLI VP 02/15/2012