## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000151996

Entity Name: TRANSITION OPTIONS, INC.

FILED Apr 25, 2012 Secretary of State

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

499 E CENTRAL PKWY 1224 SUNSHINE TREE BLVD STE 235 LONGWOOD, FL 32779

ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address: New Mailing Address:** 

499 E CENTRAL PKWY 1224 SUNSHINE TREE BLVD STE 235 LONGWOOD, FL 32779

ALTAMONTE SPRINGS, FL 32701

FEI Number: 20-0505946 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:

BURKE, CATHERINE A CROSSMAN, CATHERINE A 1224 SUNSHINE TREE BLVD 499 E CENTRAL PKWY STE 235 LONGWOOD, FL 32779 ALTAMONTE SPRINGS, FL 32701 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: CATHERINE CROSSMAN 04/25/2012

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title:

CROSSMAN, CATHERINE Name: 1224 SUNSHINE TREE BLVD Address: City-St-Zip: LONGWOOD, FL 32779

Title: COO

HARPER, TRACY Name:

Address: 1224 SUNSHINE TREE BLVD City-St-Zip: LONGWOOD, FL 32779

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: CATHERINE CROSSMAN CEO 04/25/2012