

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000070979

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Entity Name:** HAND-OPC PROPERTY MANAGEMENT, INC.

**Current Principal Place of Business:**

11820 URADOO PL  
105  
SAN ANTONIO, FL 33576 US

**New Principal Place of Business:**

**Current Mailing Address:**

11820 URADOO PL  
105  
SAN ANTONIO, FL 33576 US

**New Mailing Address:**

**FEI Number:** 20-1149845      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

LOVELACE, WILLIAM K ESQ.  
401 S LINCOLN AVE  
CLEARWATER, FL 33756 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: DVT  
Name: HAND, DENNIS M  
Address: 21104 LOS CABOS CT.  
City-St-Zip: LAND O'LAKES, FL 34637 US

Title: DPS  
Name: HAND, MARY JO M  
Address: 21104 LOS CABOS CT.  
City-St-Zip: LAND O'LAKES, FL 34637 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: DENNIS M. HAND

VP

04/25/2012

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

\_\_\_\_\_  
Date