

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000132108

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: THREE SISTERS OF HOBE SOUND, INC.

**Current Principal Place of Business:**

11770 DIXIE HWY SE  
HOBE SOUND, FL 33455

**New Principal Place of Business:**

**Current Mailing Address:**

336 S COUNTY RD  
PALM BEACH, FL 33480

**New Mailing Address:**

FEI Number: 55-0882725

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ORRICO, CASSANDRA  
336 SOUTH COUNTY RD  
PALM BEACH, FL 33480 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ORRICO, CASSANDRA  
Address: 336 S COUNTY RD  
City-St-Zip: PALM BEACH, FL 33480

Title: V ( ) Delete  
Name: ORRICO, KATHLEEN  
Address: 336 S COUNTY RD  
City-St-Zip: PALM BEACH, FL 33480

Title: V ( ) Delete  
Name: ORRICO, COLLEEN  
Address: 336 S COUNTY RD  
City-St-Zip: PALM BEACH, FL 33480

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CASSANDRA ORRICO

P

04/14/2009

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

\_\_\_\_\_  
Date