

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000132108

**FILED**  
**Mar 29, 2012**  
**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

**OFFICERS AND DIRECTORS:**

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

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

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

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: CASSANDRA ORRICO

P

03/29/2012

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

\_\_\_\_\_  
Date