

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000164197

Entity Name: MAMMO LOGIX, INC.

**FILED**  
**Mar 28, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1096 RAINER DRIVE, SUITE 1001  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 160129  
ALTAMONTE SPRINGS, FL 327161029

**New Mailing Address:**

FEI Number: 20-2044729

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LIPPERT, RICHARD D MR  
1096 RAINER DRIVE  
STE 1001  
ALTAMONTE SPRINGS, FL 32714 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: MR.  
Name: LIPPERT, RICHARD D JR  
Address: 206 WESSEX ROAD  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MS.  
Name: LIPPERT, KAREN E  
Address: 206 WESSEX ROAD  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: KAREN LIPPERT

MS

03/28/2012

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

\_\_\_\_\_  
Date