


# FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

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DOCUMENT # P05000126241	
1. Entity Name ANSWER FOR YOU, INC.	

FILED

11 MAY 18 PM 12:36

CLERK OF STATE  
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box # 253 41ST AVE.	3. Mailing Address P.O. Box 66414
Suite, Apt. #, etc.	Suite, Apt. #, etc.

CR2E034B (1/11)

City & State ST. PETE BEACH, FL.	City & State ST. PETERSBURG, FL.	4. FEI Number 37-1515739	Applied For Not Applicable
Zip 33706	Country PINELLAS	Zip 33736	Country PINELLAS
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			

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## 7. Name and Address of Current Registered Agent

Name KAREN HARRINGTON
Street Address (P.O. Box Number is Not Acceptable) 253 41ST AVE
City ST. PETERSBURG
FL Zip Code 33736

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-instating)

DATE

January 1st Fee is \$150.00  
After May 1st Fee is \$550.00  
Amended AR is \$61.25  
Make Check Payable to Florida Department of State.

9. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution. Added to Fees

E-mail Address:

KYHARRI@GMAIL.COM  
E-mail address to be used for future annual report notices.

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT KAREN HARRINGTON 253 41ST AVE. ST. PETERSBURG, FL. 33736
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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900207375259  
05/09/11-01009-014 \*\*150.00

900207375259  
05/20/11-01045-004 \*\*8.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or on an attachment with an address, with all other like empowered, I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155 F.S.

SIGNATURE:

Karen Harrington

5-13-11

727-686-9595

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #