

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000014619

**FILED**  
**Apr 21, 2012**  
**Secretary of State**

**Entity Name:** KATHRYN J. ANDRIJISZYN P.A.

**Current Principal Place of Business:**

586 Highbrooke Blvd  
OCOE, FL 34761

**New Principal Place of Business:**

337 Woodlawn Cemetery Road  
Gotha, FL 34734

**Current Mailing Address:**

PO BOX 634  
Gotha, FL 34734

**New Mailing Address:**

**FEI Number:** 41-2194744

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ANDRIJISZYN, KATHRYN J  
586 Highbrooke Blvd  
OCOE, FL 34761 US

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

ANDRIJISZYN, KATHRYN J  
337 Woodlawn Cemetery Road  
Gotha, FL 34734 US

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

04/21/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: ANDRIJISZYN, KATHRYN J  
Address: PO BOX 634  
City-St-Zip: Gotha, FL 34734

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: KATHRYN ANDRIJISZYN

DP

04/21/2012

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

\_\_\_\_\_  
Date