

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000055455

**FILED**  
**Mar 03, 2012**  
**Secretary of State**

**Entity Name:** VIRGIE'S PERFECT CUTS, INC.

**Current Principal Place of Business:**

1812 HWY 77 SUITE 126  
LYNN HAVEN, FL 32444

**New Principal Place of Business:**

1812 HWY 77  
SUITE 126  
LYNN HAVEN, FL 32444

**Current Mailing Address:**

126 DERBY WOODS DR  
LYNN HAVEN, FL 32444

**New Mailing Address:**

**FEI Number:** 20-4877576      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

KAMINSKI, VIRGINIA  
1812 HWY 77 SUITE 126  
LYNN HAVEN, FL 32444      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: KAMINSKI, VIRGINIA  
Address: 126 DERBY WOODS DR  
City-St-Zip: LYNN HAVEN, FL 32444

Title: ST  
Name: KAMINSKI, GLEN  
Address: 126 DERBY WOODS DR  
City-St-Zip: LYNN HAVEN, FL 32444

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: GLEN KAMINSKI

ST

03/03/2012

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

\_\_\_\_\_ Date