

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000005932

Entity Name: CNO, INC.

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

246 SANTAREM CIRCLE  
PUNTA GORDA, FL 33983

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 494180  
PORT CHARLOTTE, FL 33949

**New Mailing Address:**

FEI Number: 20-8236515

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FILEMAN, GARY T  
1107 WEST MARION AVE, SUITE 112  
PUNTA GORDA, FL 33950 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: PRES  
Name: VANANDE, CHERYL L  
Address: 246 SANTAREM CIRCLE  
City-St-Zip: PUNTA GORDA, FL 33983

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: CHERYL VANANDE

PRES

04/23/2012

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

\_\_\_\_\_  
Date