

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000034111

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** THE HEADLIGHT DOCTOR IV, INC.

**Current Principal Place of Business:**

1161 HILLSBORO MILE #602  
HILLSBORO BEACH, FL 33062 US

**New Principal Place of Business:**

**Current Mailing Address:**

1161 HILLSBORO MILE #602  
HILLSBORO BEACH, FL 33062 US

**New Mailing Address:**

**FEI Number:** 11-3807352

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ZECHES, BRETT  
1161 HILLSBORO MILE #602  
HILLSBORO BEACH, FL 33062 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: ZECHES, BRETT  
Address: 1161 HILLSBORO MILE #602  
City-St-Zip: HILLSBORO BEACH, FL 33062 US

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: BRETT ZECHES

PRES

04/27/2012

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

\_\_\_\_\_  
Date