

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000014603

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Entity Name:** BRUCE HINSHELWOOD PA

**Current Principal Place of Business:**

529 NORTH MAGNOLIA AVENUE  
ORLANDO, FL 32801 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1984  
ORLANDO, FL 32802 US

**New Mailing Address:**

**FEI Number:** 26-1922220

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HINSHELWOOD, BRUCE  
529 NORTH MAGNOLIA AVENUE  
ORLANDO, FL 32801 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: HINSHELWOOD, BRUCE  
Address: 529 NORTH MAGNOLIA AVENUE  
City-St-Zip: ORLANDO, FL 32801 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: BRUCE HINSHELWOOD

P

02/09/2012

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

\_\_\_\_\_  
Date