

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000047922

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** THE APOTHECARY JUICE & COFFEE LOUNGE, INC.

**Current Principal Place of Business:**

503 ROCKEFELLER AVENUE  
LAKE PLACID, FL 33852

**New Principal Place of Business:**

**Current Mailing Address:**

503 ROCKEFELLER AVENUE  
LAKE PLACID, FL 33852

**New Mailing Address:**

**FEI Number:** 32-0247935

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HONEYWELL, JOHN T  
503 ROCKEFELLER AVENUE  
LAKE PLACID, FL 33852 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: HONEYWELL, JOHN T  
Address: 503 ROCKEFELLER AVENUE  
City-St-Zip: LAKE PLACID, FL 33852

Title: V  
Name: HONEYWELL, LYNNE  
Address: 503 ROCKEFELLER AVENUE  
City-St-Zip: LAKE PLACID, FL 33852

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: JOHN HONEYWELL

PRES

04/29/2011

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

\_\_\_\_\_  
Date