

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000009433

Entity Name: THE SQUIERS STUDIO, INC.

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

29 VENTANA BLVD  
SANTA ROSA BEACH, FL 32459

## **New Principal Place of Business:**

148 COURTYARD CIRCLE  
SANTA ROSA BEACH, FL 32459

## **Current Mailing Address:**

29 VENTANA BLVD  
SANTA ROSA BEACH, FL 32459

## **New Mailing Address:**

148 COURTYARD CIRCLE  
SANTA ROSA BEACH, FL 32459

FEI Number: 26-4007843

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SQUIERS, WADE R  
29 VENTANA BLVD  
SANTA ROSA BEACH, FL 32459 US

## **Name and Address of New Registered Agent:**

SQUIERS, WADE R  
148 COURTYARD CIRCLE  
SANTA ROSA BEACH, FL 32459 US

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

04/20/2011

Date

## **OFFICERS AND DIRECTORS:**

Title: D  
Name: SQUIERS, WADE R  
Address: 148 COURTYARD CIRCLE  
City-St-Zip: SANTA ROSA BEACH, FL 32459

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: WADE SQUIERS

PRES

04/20/2011

Electronic Signature of Signing Officer or Director

Date