

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000066475

Entity Name: TWO MERMAIDS INC.

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1039 CANAL ST  
THE VILLAGES, FL 32162 US

**New Principal Place of Business:**

**Current Mailing Address:**

1039 CANAL ST  
THE VILLAGES, FL 32162 US

**New Mailing Address:**

FEI Number: 27-0720517

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GOULET, JAMES  
736 CASTLEBERRY CIRCLE  
THE VILLAGES, FL 32162 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: DIR  
Name: GOULET, DEBBIE  
Address: 736 CASTLEBERRY CIRCLE  
City-St-Zip: THE VILLAGES, FL 32162 US

Title: DIR  
Name: GOULET, JAMES  
Address: 736 CASTLEBERRY CIRCLE  
City-St-Zip: THE VILLAGES, FL 32162 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: JAMES P GOULET

MR

01/06/2012

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

\_\_\_\_\_  
Date