

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000009672

Entity Name: MICHELLE DUANE ARNP, INC.

**FILED**  
**Jan 08, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

164 NW PLEASANT GROVE WY  
PORT ST LUCIE, FL 34986

**New Principal Place of Business:**

**Current Mailing Address:**

164 NW PLEASANT GROVE WY  
PORT ST LUCIE, FL 34986

**New Mailing Address:**

FEI Number: 27-1881750

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GUEST, JAMES M  
GUEST,PEAVY,GUEST CPA & COMPANY, INC.  
50 KINDRED STREET, SUITE 303  
STUART, FL 34994 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: D  
Name: DUANE, MICHELLE  
Address: 50 KINDRED STREET, STE 303  
City-St-Zip: STUART, FL 34994

Title: PVST  
Name: DUANE, MICHELLE  
Address: 50 KINDRED STREET, STE 303  
City-St-Zip: STUART, FL 34994

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: MICHELLE DUANE

CEO

01/08/2012

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

\_\_\_\_\_  
Date