

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000034689

Entity Name: PASSAGE COUVERT INC.

**FILED**  
**May 24, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

254 S. RONALD REAGAN BLVD  
SUITE # 122  
LONGWOOD, FL 32750 US

**New Principal Place of Business:**

**Current Mailing Address:**

420 E STATE ROAD 434  
SUITE E  
LONGWOOD, FL 32750 US

**New Mailing Address:**

FEI Number: 27-2410977

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PALMER, TYLER  
2940 WILD PEPPER AVE  
DELTONA, FL 32725 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: RA  
Name: PALMER, TYLER  
Address: 2940 WILD PEPPER AVE  
City-St-Zip: DELTONA, FL 32725 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: TYLER PALMER

OWNE

05/24/2012

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

\_\_\_\_\_  
Date