

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000061661

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA ACADEMY OF COSMETOLOGY INC

**Current Principal Place of Business:**

6836 ALOMA AVE.  
WINTER PARK, FL 32792

**New Principal Place of Business:**

631 WEST FAIRBANKS AVE.  
WINTER PARK, FL 32789

**Current Mailing Address:**

P.O BOX 601  
GOLDENROD, FL 32733

**New Mailing Address:**

**FEI Number:** 27-3143433

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPRADLING, ROBERT S  
6836 ALOMA AVE  
WINTER PARK, FL 32792 US

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

SPRADLING, ROBERT S  
631 WEST FAIRBANKS AVE.  
WINTER PARK, FL 32789 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: ROBERT SEVERO

05/01/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: SPRADLING, SONJA  
Address: P.O BOX 601  
City-St-Zip: GOLDENROD, FL 32733

Title: DIR.  
Name: SPRADLING, JULIE M  
Address: P.O BOX 601  
City-St-Zip: GOLDENROD, FL 32733

Title: PRES  
Name: SPRADLING, ROBERT S  
Address: P.O BOX 601  
City-St-Zip: GOLDENROD, FL 32733

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: ROBERT SEVERO SPRADLING

PRES

05/01/2012

Electronic Signature of Signing Officer or Director

Date