

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000065781

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** THE WEDDING PLACE INC

**Current Principal Place of Business:**

5109 S TAMIAMI TRAIL  
SARASOTA, FL 34231

**New Principal Place of Business:**

**Current Mailing Address:**

15471 ALCOVE CIR  
PORT CHARLOTTE, FL 33981

**New Mailing Address:**

**FEI Number:** 80-0694878

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FRAZER, KIM  
15471 ALCOVE CIR  
PORT CHARLOTTE, FL 33981 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: P  
Name: DOLE, KRISTI  
Address: 1740 BAYSHORE DR  
City-St-Zip: TERRA CEIA, FL 34250

Title: VPT  
Name: FRAZER, KIM  
Address: 15471 ALCOVE CIR  
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: S  
Name: SACK, VICTORIA  
Address: 643 KEY ROYALE DR  
City-St-Zip: HOLMES BEACH, FL 34217

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: VICTORIA SACK

SEC

04/29/2011

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

\_\_\_\_\_  
Date