

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000070148

Entity Name: BARBARA LONGO, INC.

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

6109 SCHALEKAMT DRIVE  
SPRING HILL, FL 34609

**New Principal Place of Business:**

6109 SCHALEKAMP DR  
SPRING HILL, FL 34609

**Current Mailing Address:**

6109 SCHALEKAMT DRIVE  
SPRING HILL, FL 34609

**New Mailing Address:**

6109 SCHALEKAMP DR  
SPRING HILL, FL 34609

FEI Number: 27-3437196

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BARBARA L LONGO  
6109 SCHALEKAMP DR  
SPRING HILL, FL 34609 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: PSD  
Name: LONGO, BARBARA  
Address: 6109 SCHALEKAMP DR  
City-St-Zip: SPRING HILL, FL 34609

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: BARBARA LONGO

PRES

02/09/2012

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

\_\_\_\_\_  
Date