

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000093233

Entity Name: VICKY'S LUNCH BOX INC

**FILED**  
**Apr 13, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

15 BROWARD AVE  
LABELLE, FL 33935 US

**New Principal Place of Business:**

**Current Mailing Address:**

590 A ROAD  
LABELLE, FL 33935 US

**New Mailing Address:**

FEI Number: 80-0589931

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COCKRAM, VICTORIA  
590 A ROAD  
LABELLE, FL 33935 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: COCKRAM, VICTORIA  
Address: 590 A ROAD  
City-St-Zip: LABELLE, FL 33935

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 COCKRAM

P

04/13/2011

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

\_\_\_\_\_  
Date