

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000009743

**FILED**  
**Jan 03, 2012**  
**Secretary of State**

**Entity Name:** GLUTEN FREE BY BEVERLY, INC.

**Current Principal Place of Business:**

242 S WASHINGTON BLVD  
228  
SARASOTA, FL 34236

**New Principal Place of Business:**

5525 PALMER CROSSING CIRCLE  
SARASOTA, FL 34233

**Current Mailing Address:**

242 S WASHINGTON BLVD  
228  
SARASOTA, FL 34236

**New Mailing Address:**

P.O. BOX 48743  
SARASOTA, FL 34230

**FEI Number:** 27-4582997

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCOTT, BEVERLY L  
242 S WASHINGTON BLVD.  
228  
SARASOTA, FL 34236 US

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

SCOTT, BEVERLY L  
5525 PALMER CROSSING CIRCLE  
SARASOTA, FL 34233 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:**

01/03/2012

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** SCOTT, BEVERLY L  
**Address:** 5525 PALMER CROSSING CIRCLE  
**City-St-Zip:** SARASOTA, FL 34233

**Title:** T  
**Name:** SCOTT, BEVERLY L  
**Address:** 5525 PALMER CROSSING CIRCLE  
**City-St-Zip:** SARASOTA, FL 34233

**Title:** S  
**Name:** SCOTT, BEVERLY L  
**Address:** 5525 PALMER CROSSING CIRCLE  
**City-St-Zip:** SARASOTA, FL 34233

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:** BEVERLY L SCOTT

P

01/03/2012

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

\_\_\_\_\_  
Date