

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000014260

Entity Name: FLORIDA DNA INC.

**FILED**  
**Mar 15, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

GULFVIEW SQUARE MALL  
9409 US HWY 19, SUITE 321  
PORT RICHEY, FL 34668

**New Principal Place of Business:**

**Current Mailing Address:**

3152 LITTLE RD, SUITE 101  
TRINITY, FL 346551864

**New Mailing Address:**

4824 YELLOWSTONE DR  
NEW PRT RCHY, FL 346551864

FEI Number: 90-0750737

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WILLIAMS, LUCINDA  
3152 LITTLE RD, SUITE 101  
TRINITY, FL 346551864 US

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

WILLIAMS, LUCINDA  
4824 YELLOWSTONE DR  
NEW PRT RCHY, FL 346551864 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:

03/15/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: MS  
Name: WILLIAMS, LUCINDA  
Address: 4824 YELLOWSTONE DR  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: S  
Name: WHITE, DEBRA JEAN  
Address: 4824 YELLOWSTONE DR  
City-St-Zip: NEW PORT RICHEY, FL 34655

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: LUCINDA WILLIAMS

OWNE

03/15/2012

Electronic Signature of Signing Officer or Director

Date