

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000022094

**Entity Name:** ANNETTE'S EMPORIUM, INC

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

**Current Principal Place of Business:**

205 W HWY 90  
BONIFAY, FL 32425

**New Principal Place of Business:**

**Current Mailing Address:**

205 W HWY 90  
BONIFAY, FL 32425

**New Mailing Address:**

**FEI Number:** 26-3810303

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRAXTON, ANNETTE  
2172 BONIFAY GRITNEY RD  
BONIFAY, FL 32425 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: BRAXTON, ANNETTE  
Address: 2172 BONIFAY GRITNEY RD  
City-St-Zip: BONIFAY, FL 32425

Title: VP  
Name: GROSSNICKLE, DAVID P  
Address: 2172 BONIFAY GRITNEY RD  
City-St-Zip: BONIFAY, FL 32425

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: ANNETTE BRAXTON

P

02/15/2012

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

\_\_\_\_\_  
Date