

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000045750

FILED  
Aug 29, 2012  
Secretary of State

Entity Name: OWEN DOYLE PROVISIONS, INC.

**Current Principal Place of Business:**

2670 NORTH FEDERAL HIGHWAY  
APT. #2  
BOYNTON BEACH, FL 33435 US

**New Principal Place of Business:**

1065 SW 15TH AVENUE  
SUITE C7  
DELRAY BEACH, FL 33444 US

**Current Mailing Address:**

2670 NORTH FEDERAL HIGHWAY  
APT. #2  
BOYNTON BEACH, FL 33435 US

**New Mailing Address:**

1065 SW 15TH AVENUE  
SUITE C7  
DELRAY BEACH, FL 33444 US

FEI Number: 45-2215713

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DOYLE, OWEN M JR  
2670 NORTH FEDERAL HIGHWAY  
APT. #2  
BOYNTON BEACH, FL 33435 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: D,P  
Name: DOYLE, OWEN M JR  
Address: 2670 NORTH FEDERAL HIGHWAY #2  
City-St-Zip: BOYNTON BEACH, FL 33435 US

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: OWEN M DOYLE JR

D,P

08/29/2012

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

\_\_\_\_\_  
Date