

# **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P11000087679

Entity Name: A GHOSTLY ENCOUNTER, INC

**FILED**  
**Jul 18, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

6 CORDOVA ST  
ST AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

6 CORDOVA ST  
ST AUGUSTINE, FL 32084

**New Mailing Address:**

FEI Number: 45-3584630

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WILSON, BARBARA  
6 CORDOVA ST  
ST AUGUSTINE, FL 32084 US

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

LANE, KIMBERLY  
6 CORDOVA ST  
ST AUGUSTINE, FL 32084 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: KIMBERLY LANE

07/18/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LANE, KIMBERLY  
Address: 424 SHAMROCK RD  
City-St-Zip: ST AUGUSTINE, FL 32084

Title: VP  
Name: LANE, KIM  
Address: 424 SHAMROCK RD  
City-St-Zip: ST AUGUSTINE, FL 32086

Title: T  
Name: LANE, KIMBERLY  
Address: 424 SHAMROCK RD  
City-St-Zip: ST AUGUSTINE, FL 32084

Title: S  
Name: LANE, KIM  
Address: 424 SHAMROCK RD  
City-St-Zip: ST AUGUSTINE, FL 32086

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: KIMBERLY LANE

P

07/18/2012

Electronic Signature of Signing Officer or Director

Date