

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000105583

FILED  
Jan 18, 2012  
Secretary of State

**Entity Name:** LAKEWORTH VALET SERVICE INC.

**Current Principal Place of Business:**

15 S. GOLFVIEW RD 205  
LAKEWORTH, FL 33460

**New Principal Place of Business:**

**Current Mailing Address:**

15 S. GOLFVIEW RD 205  
LAKEWORTH, FL 33460

**New Mailing Address:**

**FEI Number:** 45-4037574

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MORRISSEY, JOHN J  
15 S. GOLFVIEW RD 205  
LAKEWORTH, FL 33460 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:** PD  
**Name:** MORRISSEY, JOHN J  
**Address:** 15 S. GOLFVIEW RD 205  
**City-St-Zip:** LAKEWORTH, FL 33460

**Title:** V  
**Name:** GARCIA, GENARINA  
**Address:** 15 S. GOLFVIEW RD 205  
**City-St-Zip:** LAKEWORTH, FL 33460

**Title:** T  
**Name:** MORRISSEY, MEGAN  
**Address:** 225 POE DR  
**City-St-Zip:** PALM SPRINGS, FL 33461

**Title:** S  
**Name:** MORRISSEY, PATRICK  
**Address:** 225 POE DR  
**City-St-Zip:** PALM SPRINGS, FL 33461

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:** JOHN J MORRISSEY

PRES

01/18/2012

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

\_\_\_\_\_  
Date