

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000087254

FILED  
Apr 20, 2012  
Secretary of State

**Entity Name:** PAVILION OFFICE CENTER, INC.

**Current Principal Place of Business:**

712 US HWY 1, PAVILION OFFICE CENTER  
SUITE 301-33  
N PALM BEACH, FL 33408 US

**New Principal Place of Business:**

**Current Mailing Address:**

712 US HWY 1  
SUITE 301-33  
N PALM BEACH, FL 33408 US

**New Mailing Address:**

**FEI Number:** 65-0541924      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

GILLESPIE, SHARON R  
712 U.S. HIGHWAY ONE  
SUITE 301-33  
NORTH PALM BEACH, FL 33408 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: PSTD  
Name: GILLESPIE, SHARON R  
Address: 712 US HIGHWAY ONE, SUITE 301-33  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: VD  
Name: GILLESPIE, CIRI L  
Address: P.O. BOX 2322  
City-St-Zip: BRATTLEBORO, VT 05303

Title: VD  
Name: GILLESPIE-WILSON, CARA L  
Address: P.O. BOX 535  
City-St-Zip: BENGALL, NY 12506

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: SHARON R. GILLESPIE

PSTD

04/20/2012

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

\_\_\_\_\_ Date