## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000079823

FILED Feb 06, 2012 Secretary of State

Entity Name: ABERCROMBIE, SIMMONS & GILLETTE OF FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

14041 A NO. DALE MABRY HWY TAMPA, FL 33618 US

Current Mailing Address: New Mailing Address:

5300 HOLLISTER SUITE 400

HOUSTON, TX 77040 US

FEI Number: 59-3338700 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

BREAUX, KRAIG 14041 A NO. DALE MABRY HWY TAMPA, FL 33618 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:

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: PRES

Name: ABERCROMBIE, JAMES T

Address: 11532 CR 408 City-St-Zip: CALDWELL, TX 77836

Title: VP

Name: JARROD, REEVES
Address: 9727 MOFFITT LN.
City-St-Zip: QUINLAN, TX 75474

Title: S

Name: MONICA, ABERCROMBIE
Address: 12534 MILLRIDGE PINES CT.
City-St-Zip: HOUSTON, TX 77070 US

Title:

 Name:
 HIMES, LESLIE

 Address:
 9302 TASCOSA LANE

 City-St-Zip:
 HOUSTON, TX 77064

Title: VP

 Name:
 BREAUX, KRAIG S 2ND VP

 Address:
 23518 VISTAMAR CT

 City-St-Zip:
 LAND O LAKES, FL 34639 US

Title: XX

Name: XXXX, XXXX Address: XXXXX City-St-Zip: XXX, FL XXX

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: LESLIE HIMES TREA 02/06/2012