

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000002408

**FILED**  
**Jan 17, 2012**  
**Secretary of State**

**Entity Name:** LAVENDER PINES INCORPORATED

**Current Principal Place of Business:**

1648 PERWINKLE WAY  
STE. B  
SANIBEL, FL 33957

**New Principal Place of Business:**

1648 PERIWINKLE WAY  
STE. B  
SANIBEL, FL 33957

**Current Mailing Address:**

1648 PERWINKLE WAY  
STE. B  
SANIBEL, FL 33957

**New Mailing Address:**

1648 PERIWINKLE WAY  
STE. B  
SANIBEL, FL 33957

**FEI Number:** 65-0640335

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PLATT, DAVID M  
1648 PERIWINKLE WAY  
STE. B  
SANIBEL, FL 33957 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: PLATT, DAVID M  
Address: 1648 PERIWINKLE WAY  
City-St-Zip: SANIBEL, FL 33957

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: DAVID M. PLATT

PSTD

01/17/2012

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

\_\_\_\_\_  
Date