

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000031489

Entity Name: LEFT OF CENTER, INC.

**FILED**  
**Sep 11, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

7744 PETERS RD  
#316  
PLANTATION, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

7744 PETERS RD  
#316  
PLANTATION, FL 33324

**New Mailing Address:**

FEI Number: 65-0877723

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BAILEY, JAMES P  
7744 PETERS RD #316  
PLANTATION, FL 33324 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: BAILEY, JAMES P  
Address: 7744 PETERS RD. #316  
City-St-Zip: PLANTATION, FL 33324

Title: D  
Name: BAILEY, JOHN M  
Address: 7744 PETERS RD. #316  
City-St-Zip: PLANTATION, FL 33324

Title: VP  
Name: CONNOLLY, THOMAS D  
Address: 7744 PETERS RD. #316  
City-St-Zip: PLANTATION, FL 33324

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: TOM CONNOLLY

VP

09/11/2011

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

\_\_\_\_\_  
Date