

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000038805

**FILED**  
**Feb 04, 2011**  
**Secretary of State**

**Entity Name:** REROD PLACEMENT, INC.

**Current Principal Place of Business:**

620 S. HOLMES BLVD  
SAINT AUGUSTINE, FL 32084 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 471  
LAKE PLACID, NY 12946 US

**New Mailing Address:**

18 NEW LEATHERWOOD DRIVE  
PALM COAST, FL 32137 US

**FEI Number:** 59-3464662

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RIVETTE, LYNELLE L  
620 S HOLMES BLVD  
ST AGUSTINE, FL 32084 US

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

RIVETTE, LYNELLE L  
18 NEW LEATHERWOOD DR  
PALM COAST, FL 32137 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:**

02/04/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PSTD  
**Name:** RIVETTE, LYNELLE  
**Address:** 18 NEW LEATHERWOOD DRIVE  
**City-St-Zip:** PALM COAST, FL 32137

**Title:** SECR  
**Name:** HIDDE, CAITLIN  
**Address:** 291 SILVER GLEN AVE  
**City-St-Zip:** ST AUGUSTINE, FL 32092

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:** LYNELLE RIVETTE

PRES

02/04/2011

Electronic Signature of Signing Officer or Director

Date