

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000066393

FILED  
Feb 07, 2012  
Secretary of State

Entity Name: FLOCAL, INC.

**Current Principal Place of Business:**

COMFORT INN  
400 E. INTERNATIONAL SPEEDWAY BLVD.  
DELAND, FL 32724

**New Principal Place of Business:**

**Current Mailing Address:**

COMFORT INN  
400 E. INTERNATIONAL SPEEDWAY BLVD.  
DELAND, FL 32724

**New Mailing Address:**

FEI Number: 59-3468971

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MAROLIA, JANAK S  
8134 INTERNATIONAL DRIVE  
ORLANDO, FL 32819 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: PRES  
Name: MAROLIA, JANAK S  
Address: 8761 SOUTHERN BREEZE DRIVE  
City-St-Zip: ORLANDO, FL 32836

Title: D  
Name: DESAI, THAKOR C  
Address: 1107 MOCKINGBIRD TRAIL  
City-St-Zip: SAN JOSE, CA 95120

Title: D  
Name: DESAI, MAHENDRA P  
Address: 1505 GINGERSNAP TRAIL  
City-St-Zip: DELAND, FL 32720

Title: D  
Name: MAROLIA, MAHESH S  
Address: 2630 SW 36TH LANE  
City-St-Zip: OCALA, FL 34474

Title: D  
Name: DESAI, JANAK N  
Address: 2321 ROCHELLE AVE  
City-St-Zip: KISSIMMEE, FL 34746

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: JSMAROLIA

PRES

02/07/2012

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

\_\_\_\_\_  
Date