

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000000905

**FILED**  
**Feb 22, 2012**  
**Secretary of State**

**Entity Name:** LYNNE HANKINS FIELDER, P.A.

**Current Principal Place of Business:**

5 SHIPS WAY  
BIG PINE KEY, FL 33043 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 420973  
SUMMERLAND KEY, FL 33042 US

**New Mailing Address:**

**FEI Number:** 65-0808664

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FIELDER, LYNNE H  
5 SHIPS WAY  
BIG PINE KEY, FL 33043 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: DPTS  
Name: HANKINS-FIELDER, LYNNE  
Address: 5 SHIPS WAY  
City-St-Zip: BIG PINE KEY, FL 33043 US

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: LYNNE HANKINS-FIELDER

DPTS

02/22/2012

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

\_\_\_\_\_  
Date