

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000026068

Entity Name: WXOF, INC.

**FILED**  
**Feb 29, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

13825 US HWY 19  
SUITE 400  
HUDSON, FL 34667

**New Principal Place of Business:**

**Current Mailing Address:**

13825 US HWY 19  
SUITE 400  
HUDSON, FL 34667

**New Mailing Address:**

FEI Number: 58-2391439

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SCHURDELL, STEPHEN  
13825 US HWY 19  
SUITE 400  
HUDSON, FL 34667 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: SCHURDELL, STEPHEN  
Address: 13825 US HWY 19, #400  
City-St-Zip: HUDSON, FL 34667

Title: STD  
Name: MARCOCCI, BETTY LOU  
Address: 13825 US HWY 19, #400  
City-St-Zip: HUDSON, FL 34667

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: STEPHEN SCHURDELL

PD

02/29/2012

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

\_\_\_\_\_  
Date