

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000044598

**FILED**  
**Mar 21, 2012**  
**Secretary of State**

**Entity Name:** SCISSORS PLUS INC.

**Current Principal Place of Business:**

8389 NORTHCLIFFE BLVD.  
SPRING HILL, FL 34606

**New Principal Place of Business:**

**Current Mailing Address:**

8389 NORTHCLIFFE BLVD.  
SPRING HILL, FL 34606

**New Mailing Address:**

**FEI Number:** 59-3577810

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BIVENS, DOREEN A AGENT  
3459 FLAMINGO BLVD  
HERNANDO BEACH, FL 34607 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:** BIVENS, DOREEN S PD  
**Address:** 3459 FLAMINGO BLVD  
**City-St-Zip:** HERNANDO BEACH, FL 34607

**Title:** VD  
**Name:** BIVENS, RONALD E VD  
**Address:** 3459 FLAMINGO BLVD.  
**City-St-Zip:** HERNANDO BEACH, FL 34607

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:** DOREEN BIVENS

PD

03/21/2012

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

\_\_\_\_\_  
Date