

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000083076

Entity Name: WENDIMERE INC.

**FILED**  
**Sep 27, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

12 NORTH 5TH STREET  
HAINES CITY, FL 33844

## **New Principal Place of Business:**

## **Current Mailing Address:**

12 NORTH 5TH STREET  
HAINES CITY, FL 33844

## **New Mailing Address:**

FEI Number: 58-2494286

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MEERE, WENDY A  
12 NORTH 5TH STREET  
HAINES CITY, FL 33844 US

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

REILLY, WENDIMERE  
12 NORTH 5TH STREET  
HAINES CITY, FL 33844 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: WENDIMERE REILLY

09/27/2012

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: PS  
Name: REILLY, WENDIMERE  
Address: 12 NORTH 5TH STREET  
City-St-Zip: HAINES CITY, FL 33844

Title: VP  
Name: REILLY, WILLIAM B  
Address: 12 NORTH 5TH STREET  
City-St-Zip: HAINES CITY, FL 33844

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: WENDIMERE REILLY

PS

09/27/2012

Electronic Signature of Signing Officer or Director

Date