

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S00629

**FILED**  
**Apr 17, 2012**  
**Secretary of State**

**Entity Name:** ORIGINALS BY ELAINE, INC.

**Current Principal Place of Business:**

901 OAK HOLLOW PLACE  
BRANDON, FL 33510

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 18072  
TAMPA, FL 336798072

**New Mailing Address:**

**FEI Number:** 59-3039466

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAMPBELL, THOMAS ROBERT  
901 OAK HOLLOW PLACE  
BRANDON, FL 33610 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: D  
Name: CAMPBELL, JACQUELINE E.  
Address: 901 OAK HOLLOW PLACE  
City-St-Zip: BRANDON, FL 33510

Title: D  
Name: CAMPBELL, THOMAS ROBERT  
Address: 901 OAK HOLLOW PLACE  
City-St-Zip: BRANDON, FL 33510

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: THOMAS ROBERT CAMPBELL

PRES

04/17/2012

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

\_\_\_\_\_  
Date