

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S75552

Entity Name: FLORIDA SUNROOMS, INC.

**FILED**  
**Jan 16, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

11765 MINNIEOLA DR.  
NEW PORT RICHEY, FL 34654

**New Principal Place of Business:**

**Current Mailing Address:**

11765 MINNIEOLA DR.  
NEW PORT RICHEY, FL 34654

**New Mailing Address:**

FEI Number: 65-0278185

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BABCOCK, RAY  
11765 MINNIEOLA DR  
NEW PORT RICHEY, FL 34654 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: P  
Name: BABCOCK, RAY  
Address: 11765 MINNIEOLA DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: VP  
Name: SOBEL, CHARLES  
Address: 12608 CATAMARAN PL  
City-St-Zip: TAMPA, FL 33618

Title: S  
Name: BABCOCK, GLORIA  
Address: 11765 MINNIEOLA DR  
City-St-Zip: NEW PORT RICHEY, FL 34654

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: RAY BABCOCK

P

01/16/2012

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

\_\_\_\_\_  
Date