

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S85302

Entity Name: MICHAEL SPINELLI, INC.

**FILED**  
**Apr 06, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

5036 DR. PHILLIPS BLVD.  
SUITE 225  
ORLANDO, FL 32819 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 2535  
WINDERMERE, FL 34786 US

**New Mailing Address:**

FEI Number: 65-0289783

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CAMILLO, JOHN M. P.A.  
1600 W. COMMERCIAL BLVD.  
FT. LAUDERDALE, FL 33309 US

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

SPINELLI, MICHAEL  
5036 DR. PHILLIPS BLVD.  
ORLANDO, FL 32819 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: MICHAEL SPINELLI

04/06/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SPINELLI, MICHAEL  
Address: P.O. BOX 2535  
City-St-Zip: WINDERMERE, FL 34786 US

Title: VPD  
Name: SPINELLI, JOSEPH  
Address: P. O. BOX 2535  
City-St-Zip: WINDERMERE, FL 34786 US

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: MICHAEL SPINELLI

PD

04/06/2012

Electronic Signature of Signing Officer or Director

Date