

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V24701

FILED  
Apr 27, 2012  
Secretary of State

**Entity Name:** 72 HOUR BLIND FACTORY OF LAKE COUNTY, INC.

**Current Principal Place of Business:**

15519 US HWY 441  
SUITE A-101  
EUSTIS, FL 32726 US

**New Principal Place of Business:**

**Current Mailing Address:**

15519 US HWY 441  
SUITE A-101  
EUSTIS, FL 32726 US

**New Mailing Address:**

**FEI Number:** 59-3112898      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ZIMMERMAN, PETER H.  
15519 US HWY 441  
SUITE A-101  
EUSTIS, FL 32726 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: PTD  
Name: ZIMMERMAN, PETER H.  
Address: 30125 TAVARES RIDGE BLVD  
City-St-Zip: TAVARES, FL

Title: SD  
Name: ZIMMERMAN, KATHLEEN J  
Address: 30125 TAVARES RIDGE BLVD.  
City-St-Zip: TAVARES, FL 32778

Title: DV  
Name: ZIMMERMAN, V, PETER H  
Address: 30123 TAVARES RIDGE BLVD.  
City-St-Zip: TAVARES, FL 32778

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: KATHLEEN ZIMMERMAN

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04/27/2012

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

\_\_\_\_\_ Date