

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V66626

**FILED**  
**Mar 27, 2011**  
**Secretary of State**

**Entity Name:** STEVE SQUILLACOTE INC.

**Current Principal Place of Business:**

3120 STATE RD. 40  
ORMOND BEACH, FL 32174 US

**New Principal Place of Business:**

3120 WEST STATE RD. 40  
ORMOND BEACH, FL 32174 US

**Current Mailing Address:**

3120 STATE RD. 40  
ORMOND BEACH, FL 32174 US

**New Mailing Address:**

3120 WEST STATE RD. 40  
ORMOND BEACH, FL 32174 US

**FEI Number:** 59-3131081

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SQUILLACOTE, ELIZABETH  
3120 STATE RD, 40  
ORMOND BEACH, FL 32174 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:** SQUILLACOTE, STEVEN  
**Address:** 3120 ST. RD 40  
**City-St-Zip:** ORMOND BEACH, FL 32174

**Title:** D  
**Name:** SQUILLACOTE, ELIZABETH  
**Address:** 3120 ST. RD. 40  
**City-St-Zip:** ORMOND BEACH, FL 32174

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:** ELIZABETH SQUILLACOTE

SEC

03/27/2011

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

\_\_\_\_\_  
Date