

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000010973

**Entity Name:** NOMADSTUDIO, INC.

**Current Principal Place of Business:**

12450 JULIA ST  
SEMINOLE, FL 33772-4413

**Current Mailing Address:**

12450 JULIA ST  
SEMINOLE, FL 33772-4413

**FEI Number:** 46-4322352

**Certificate of Status Desired:** No

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

BOUCHER, CAROLYN P  
12450 JULIA ST  
SEMINOLE, FL 33772-4413 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name BOUCHER, CAROLYN P  
Address 12450 JULIA ST  
City-State-Zip: SEMINOLE FL 33772-4413

Title TD  
Name FULTON, SUZANNE C  
Address 15548 1ST ST E  
City-State-Zip: REDINGTON BEACH FL 33708

Title VD  
Name LEWIS, BARBARA  
Address 2501 2ND AVE N  
City-State-Zip: SAINT PETERSBURG FL 33713

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CAROLYN P BOUCHER

**EXECUTIVE DIRECTOR**

**02/10/2014**

Electronic Signature of Signing Officer/Director Detail

Date