

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000058213

**Entity Name:** CAROLYN TRICOMI PHD, INC

**Current Principal Place of Business:**

1212 BEN FRANKLIN DR  
APT 907  
SARASOTA, FL 34236

**Current Mailing Address:**

1212 BEN FRANKLIN DR  
APT 907  
SARASOTA, FL 34236

**FEI Number:** 27-3199957

**Certificate of Status Desired:** No

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

LUECKE, THOMAS  
4911 14TH ST W  
SUITE 103  
BRADENTON, FL 34207 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 P  
Name TRICOMI, CAROLYN  
Address 1212 BEN FRANKLIN DRIVE # 907  
City-State-Zip: SARASOTA FL 34236

*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:** CAROLYN TRICOMI

**PRES.**

**04/26/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date