

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000002596

Entity Name: LOUANN CONKLIN AND ASSOCIATES, INC.

Current Principal Place of Business:

625 MOCKINGBIRD LN
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

P.O. BOX 162474
ALTAMONTE SPRINGS, FL 32716-2474 US

FEI Number: 59-3216726

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CONKLIN, LOUANN J
625 MOCKINGBIRD LN
ALTAMONTE SPRINGS, FL 32714 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 D
Name CONKLIN, LOUANN J
Address 625 MOCKINGBIRD LN
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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: LOUANN J. CONKLIN

PRESIDENT

03/27/2014

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date