

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000052880

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

**Current Principal Place of Business:**

4500 N.W. 6TH STREET  
GAINESVILLE, FL 32609

**Current Mailing Address:**

4500 N.W. 6TH STREET  
GAINESVILLE, FL 32609

**FEI Number:** 59-3256079

**Certificate of Status Desired:** No

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

DUBINER, DAVID  
8015 NW 2ND CT  
GAINESVILLE, FL 33607 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 DUBINER, DAVID S  
Address 8015 NW 2ND CT  
City-State-Zip: GAINESVILLE FL 32607

Title ST  
Name DUBINER, CYNTHIA  
Address 8015 NW 2ND CT  
City-State-Zip: GAINESVILLE FL 32607

*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:** DAVID DUBINER

**PRESIDENT**

**03/26/2014**

Electronic Signature of Signing Officer/Director Detail

Date