

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000092124

FILED
Jan 24, 2011
Secretary of State

Entity Name: SCHWAB-KOPLIN ASSOCIATES, INC.

Current Principal Place of Business:

1768 S.E. CLEARMONT STREET
PORT ST. LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:

1768 S.E. CLEARMONT STREET
PORT ST. LUCIE, FL 34983

New Mailing Address:

1768 S.E. CLEARMONT STREET
PORT ST. LUCIE, FL 34983 US

FEI Number: 64-0639401

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHWAB, PIERRE
1768 S.E. CLEARMONT STREET
PORT ST. LUCIE, FL 34983 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: SCHWAB, PIERRE
Address: 1768 S.E. CLEARMONT STREET
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: D
Name: SCHWAB, JACQUELINE
Address: 1768 S.E. CLEARMONT STREET
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: D
Name: MEADE, WILLIAM P
Address: 120 BLACKBERRY LANE
City-St-Zip: CHAPEL HILL, NC 27514

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: PIERRE SCHWAB

PRES

01/24/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date