

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000000787

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** DEBRA LEE AKERMAN, PA

**Current Principal Place of Business:**

16515 ENCLAVE VILLAGE DR  
TAMPA, FL 33647

**New Principal Place of Business:**

16515 ENCLAVE VILLAGE DRIVE  
TAMPA, FL 33647

**Current Mailing Address:**

PO BOX 47445  
TAMPA, FL 33646

**New Mailing Address:**

**FEI Number:** 27-4460374

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

PALERMO JR., ARTHUR CPA, PA  
9720 STIRLING RD  
STE 203  
COOPER CITY, FL 33026 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: PRES  
Name: AKERMAN, DEBRA L  
Address: PO BOX 47445  
City-St-Zip: TAMPA, FL 33646

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: DEBRA LEE AKERMAN

PRES

05/01/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date