

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000092124

**FILED**  
**Jan 27, 2014**  
**Secretary of State**  
**CC1894030145**

**Entity Name:** SCHWAB-KOPLIN ASSOCIATES, INC.

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 64-0639401

**Certificate of Status Desired:** No

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

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

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

Title D  
Name MEADE, WILLIAM P  
Address 120 BLACKBERRY LANE  
City-State-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

**PRESIDENT**

**01/27/2014**

Electronic Signature of Signing Officer/Director Detail

Date