

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 253436

FILED  
Jan 25, 2011  
Secretary of State

Entity Name: U-TOTE'M OF WEST FLORIDA, INC.

**Current Principal Place of Business:**

1530 DOLPHIN STREET  
SUITE 4  
SARASOTA, FL 34236

**New Principal Place of Business:**

4417, 4419 & 4609 BEE RIDGE ROAD  
SARASOTA, FL 34233 US

**Current Mailing Address:**

PO BOX 2879  
SARASOTA, FL 34230

**New Mailing Address:**

PO BOX 2879  
SARASOTA, FL 34230 US

FEI Number: 59-0973580

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KLING, RENEE R  
1530 DOLPHIN STREET  
SUITE 4  
SARASOTA, FL 34236 US

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

SHAFFER, JENNIFER L  
1530 DOLPHIN STREET  
SUITE 4  
SARASOTA, FL 34236 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: JENNIFER L SHAFER

01/25/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: GIBBS, PAMELA  
Address: 2716 LIONHEART RD  
City-St-Zip: WINTER PARK, FL 32789 US

Title: TR  
Name: GORMLEY, PEGGY  
Address: 411 BUTTONWOOD DR  
City-St-Zip: COPPELL, TX 75019 US

Title: VP  
Name: PUCKETT, PATRICE  
Address: 14206 VISTA DEL LAGO BLVD  
City-St-Zip: WINTERGARDEN, FL 34787 US

Title: SEC  
Name: KEITEL, AMANDA  
Address: 26316 83RD AVE EAST  
City-St-Zip: MYAKKA CITY, FL 34251 US

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: JENNIFER L SHAFER

RA

01/25/2011

Electronic Signature of Signing Officer or Director

Date