# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 17, 2011**
**Secretary of State**

DOCUMENT# 556892

**Entity Name:** BERGER, TOOMBS, ELAM & FRANK, C.P.A.'S CHARTERED

**Current Principal Place of Business:**

600 CITRUS AVE.
SUITE 200
FT. PIERCE, FL 34950

**New Principal Place of Business:**

**Current Mailing Address:**

600 CITRUS AVE.
SUITE 200
FT. PIERCE, FL 34950

**New Mailing Address:**

**FEI Number: 59-1785250** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

BERGER, GARY A
600 CITRUS AVENUE
SUITE 200
FORT PIERCE, FL 34950 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: VD
Name: FRANK, BRITT W VP
Address: 600 CITRUS AVE. SUITE 200
City-St-Zip: FT.PIERCE, FL 34950

Title: PD
Name: BERGER, GARY A PRES
Address: 600 CITRUS AVE. SUITE 200
City-St-Zip: FT.PIERCE, FL 34950

Title: TD
Name: TOOMBS, NORMAN E TREA
Address: 600 CITRUS AVE. SUITE 200
City-St-Zip: FT.PIERCE, FL 34950

Title: VD
Name: ELAM, JAMES E VP
Address: 600 CITRUS AVE. SUITE 200
City-St-Zip: FT.PIERCE, FL 34950

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: NORMAN TOOMBS TD 02/17/2011

Electronic Signature of Signing Officer or Director — Date