

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 567705

FILED  
Feb 03, 2011  
Secretary of State

Entity Name: DAVID PLUMMER & ASSOCIATES, INC.

**Current Principal Place of Business:**

1750 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

1750 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

FEI Number: 59-1810619

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

PLUMMER, DAVID S.  
1750 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134 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: CD  
Name: PLUMMER, DAVID S  
Address: 1750 PONCE DE LEON BLVD.  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: STD  
Name: PLUMMER, KATHLEEN R  
Address: 1750 PONCE DE LEON BLVD.  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: PD  
Name: PLUMMER, TIMOTHY J  
Address: 1750 PONCE DE LEON BLVD.  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: VD  
Name: GILLIS, MARK J  
Address: 1750 PONCE DE LEON BLVD.  
City-St-Zip: CORAL GABLES, FL 33134 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: TIMOTHY J. PLUMMER

PD

02/03/2011

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

\_\_\_\_\_ Date