

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000000368

**FILED**  
**Jan 13, 2011**  
**Secretary of State**

**Entity Name:** T.M. FITZGERALD & ASSOCIATES, INC.

**Current Principal Place of Business:**

850 WEST CHESTER PIKE, SUITE 303  
HAVERTOWN, PA 19083

**New Principal Place of Business:**

**Current Mailing Address:**

850 WEST CHESTER PIKE, SUITE 303  
HAVERTOWN, PA 19083

**New Mailing Address:**

**FEI Number:** 23-2508405

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FITZGERALD, THOMAS M  
23181 OAKGLEN LANE  
BONITA SPRINGS, FL 34135 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: P  
Name: FITZGERALD, THOMAS M  
Address: 23181 OAKGLEN LANE  
City-St-Zip: BONITA SPRINGS, FL 34135

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: THOMAS M. FITZGERALD

PRES

01/13/2011

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

\_\_\_\_\_  
Date