## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# H87828

FILED Apr 11, 2009 Secretary of State

Entity Name: RAUCH, WEAVER, NORFLEET, KURTZ PROPERTY MANAGEMENT, INC.

**Current Principal Place of Business: New Principal Place of Business:** 5300 NO. FEDERAL HWY 5300 N FEDERAL HWY FORT LAUDERDALE, FL 33308 FORT LAUDERDALE, FL 33308 **Current Mailing Address: New Mailing Address:** 5300 NO. FEDERAL HWY 5300 N FEDERAL HWY FORT LAUDERDALE, FL 33308 FORT LAUDERDALE, FL 33308 FEI Number: 59-2649235 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KURTZ, KENNETH L KURTZ, KENNETH L 5300 NO. FEDERAL HWY 5300 N FEDERAL HWY FT LAUDERDALE, FL 33308 US FT LAUDERDALE, FL 33308 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: 04/11/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition KURTZ, KENNETH L Name: Name: 5300 N FEDERAL HWY Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33308 City-St-Zip: Title: VΡ Title: () Delete () Change () Addition WEAVER, GEORGE W Name: Name: 5300 N FEDERAL HWY Address: Address: FORT LAUDERDALE, FL 33308 City-St-Zip: City-St-Zip: ( ) Delete Title: VPS Title: () Change () Addition NORFLEET, LLOYD C Name: Name: 5300 N FEDERAL HWY Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33308 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JONI M NATERMAN CFO 04/11/2009