

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K18573

**FILED**  
**Feb 17, 2010**  
**Secretary of State**

**Entity Name:** INTEGRATED PROPERTY MANAGEMENT, INC.

**Current Principal Place of Business:**

3435 10TH STREET NORTH, STE 201  
NAPLES, FL 34103 US

**New Principal Place of Business:**

5020 TAMIAMI TRAIL N. SUITE 206  
NAPLES, FL 34103 US

**Current Mailing Address:**

3435 10TH STREET NORTH, STE 201  
NAPLES, FL 34103 US

**New Mailing Address:**

5020 TAMIAMI TRAIL N. SUITE 206  
NAPLES, FL 34103 US

**FEI Number:** 65-0039218

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FOSTER, AMY L  
3435 10TH STREET NORTH, SUITE 201  
NAPLES, FL 34103 US

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

FOSTER, AMY L  
5020 TAMIAMI TRAIL NORTH, SUITE 206  
NAPLES, FL 34103 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: \_\_\_\_\_

Electronic Signature of Registered Agent

02/17/2010

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PTS  
Name: FOSTER, AMY L  
Address: 5020 TAMIAMI TRAIL NORTH, SUITE 206  
City-St-Zip: NAPLES, FL 34103

Title: VP  
Name: FOSTER, DAVID M  
Address: 5020 TAMIAMI TRAIL NORTH, SUITE 206  
City-St-Zip: NAPLES, FL 34103

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: AMY L. FOSTER

Electronic Signature of Signing Officer or Director

PRES

02/17/2010

Date