

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K61761

FILED  
Jan 04, 2011  
Secretary of State

**Entity Name:** LAW OFFICE OF STEVEN B. BAUMAN, P.A.

**Current Principal Place of Business:**

909 MAR WALT DRIVE STE. 1014  
FT. WALTON BCH, FL 32547

**New Principal Place of Business:**

909 MAR WALT DRIVE  
SUITE 1014  
FT. WALTON BCH, FL 32547

**Current Mailing Address:**

P.O. BOX 1856  
FT. WALTON BCH, FL 32549

**New Mailing Address:**

**FEI Number:** 59-2925227

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BAUMAN, STEVEN B.  
909 MAR WALT DRIVE STE. 1014  
FT. WALTON BCH, FL 32547 US

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

BAUMAN, STEVEN B.  
909 MAR WALT DRIVE  
SUITE 1014  
FT. WALTON BCH, FL 32547 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

01/04/2011

Date

**OFFICERS AND DIRECTORS:**

Title: DPS  
Name: BAUMAN, STEVEN B.  
Address: 909 MAR WALT DRIVE STE. 1014  
City-St-Zip: FT. WALTON BCH, FL 32547

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: STEVEN B. BAUMAN

PRES

01/04/2011

Electronic Signature of Signing Officer or Director

Date