

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K64307

FILED  
Feb 11, 2009  
Secretary of State

Entity Name: KROPP FINANCIAL SERVICES, INC.

## Current Principal Place of Business:

2516 NW 43RD ST.  
GAINESVILLE, FL 32606

## New Principal Place of Business:

4881 NW 8TH AVE  
SUITE 3  
GAINESVILLE, FL 32605

## Current Mailing Address:

2516 NW 43RD ST.  
GAINESVILLE, FL 32606

## New Mailing Address:

4881 NW 8TH AVE  
SUITE 3  
GAINESVILLE, FL 32605

FEI Number: 59-2926162

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KROPP, ADRIENNE  
2516 N.W. 43RD ST.  
GAINESVILLE, FL 32605 US

## Name and Address of New Registered Agent:

KROPP, ADRIENNE  
4881 NW 8TH AVE  
SUITE 3  
GAINESVILLE, FL 32605 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:

02/11/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: KROPP, ADRIENNE,  
Address: 2516 NW 43RD ST.  
City-St-Zip: GAINESVILLE, FL

Title: D ( ) Delete  
Name: KROPP, JEFFREY,  
Address: 2516 NW 43RD ST.  
City-St-Zip: GAINESVILLE, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: KROPP, ADRIENNE,  
Address: 4881 NW 8TH AVE SUITE 3  
City-St-Zip: GAINESVILLE, FL 32605

Title: D (X) Change ( ) Addition  
Name: KROPP, JEFFREY,  
Address: 4881 NW 8TH AVE SUITE 3  
City-St-Zip: GAINESVILLE, FL 32605

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: JEFF KROPP

PD

02/11/2009

Electronic Signature of Signing Officer or Director

Date