

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L28964

FILED  
Jan 11, 2011  
Secretary of State

**Entity Name:** FRANK T. FUNKE III ASSOCIATES INC.

**Current Principal Place of Business:**

8391 150TH CT NORTH  
PALM BEACH GARDENS, FL 33418

**New Principal Place of Business:**

7895 SE HERITAGE BLVD  
HOBE SOUND, FL 33455

**Current Mailing Address:**

P.O. BOX 240  
JUPITER, FL 33458

**New Mailing Address:**

P.O. BOX 70  
HOBE SOUND, FL 33475

**FEI Number:** 65-0161367

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAGERSTROM, JANET  
2565 NE INDIAN RIVER DRIVE  
JENSEN BEACH, FL 34958 US

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

LAGERSTROM, JANET  
2565 NE INDIAN RIVER DRIVE  
JENSEN BEACH, FL 34957 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

01/11/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FUNKE, FRANK T III  
Address: 7895 SE HERITAGE BLVD.  
City-St-Zip: HOBE SOUND, FL 33455

Title: VS  
Name: DIAMOND, STEVE  
Address: 5659 GOLDEN EAGLE CIRCLE  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: S  
Name: FUNKE, MICHELLE  
Address: 7895 SE HERITAGE BLVD.  
City-St-Zip: HOBE SOUND, FL 33455

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: JANET LAGERSTROM

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

RA

01/11/2011

\_\_\_\_\_  
Date