

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L28964

**FILED**  
**Jan 18, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

7895 SE HERITAGE BLVD  
HOBE SOUND, FL 33455

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 70  
HOBE SOUND, FL 33475

**New Mailing Address:**

**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 34957 US

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

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

\_\_\_\_\_  
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: FRANK FUNKE

P

01/18/2012

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

\_\_\_\_\_  
Date