

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M84694

**FILED**  
**Apr 26, 2010**  
**Secretary of State**

**Entity Name:** KOOTER BROWNS OF FLORIDA, INC.

**Current Principal Place of Business:**

6014 NORTH NINTH AVENUE  
PENSACOLA, FL 32504

**New Principal Place of Business:**

**Current Mailing Address:**

6014 NORTH NINTH AVENUE  
PENSACOLA, FL 32504

**New Mailing Address:**

**FEI Number:** 59-2892529

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THOMPSON, PAMELA S  
5886 SHIMMERING PINES STREET  
PACE, FL 32571 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

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

**OFFICERS AND DIRECTORS:**

**Title:** TD  
**Name:** WALLER, WILLIAM R..  
**Address:** 6121 ALICIA DR. PINES ST.  
**City-St-Zip:** PACE, FL 32571

**Title:** SD  
**Name:** ROGERS, W.W. III  
**Address:** 3421 E. KINGSFIELD ROAD  
**City-St-Zip:** PENSACOLA, FL 32514

**Title:** PD  
**Name:** THOMPSON, PAMELA S  
**Address:** 5886 SHIMMERING PINES STREET  
**City-St-Zip:** PACE, FL 32571

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:** PAMELA S. THOMPSON

PD

04/26/2010

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

\_\_\_\_\_  
Date