

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000067212

Entity Name: BISORDI & BISORDI, P.A.

**FILED**  
**Jan 19, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

20 CHEROKEE ROAD  
SHALIMAR, FL 32579

**New Principal Place of Business:**

**Current Mailing Address:**

20 CHEROKEE ROAD  
SHALIMAR, FL 32579

**New Mailing Address:**

FEI Number: 59-3659087

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BISORDI, ANTHONY C  
20 CHEROKEE ROAD  
SHALIMAR, FL 32579 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: DPS  
Name: BISORDI, ANTHONY C  
Address: 20 CHEROKEE ROAD  
City-St-Zip: SHALIMAR, FL 32579

Title: DVT  
Name: BISORDI, SABRINA A  
Address: 20 CHEROKEE ROAD  
City-St-Zip: SHALIMAR, FL 32579

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: SABRINA A. BISORDI

DVT

01/19/2011

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

\_\_\_\_\_  
Date