

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000061464

**FILED**  
**Jan 24, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA PROPERTY TAX ADVISORS, INC.

**Current Principal Place of Business:**

5655 S. INDIAN RIVER DRIVE  
FORT PIERCE, FL 34982

**New Principal Place of Business:**

**Current Mailing Address:**

5655 S. INDIAN RIVER DRIVE  
FORT PIERCE, FL 34982

**New Mailing Address:**

**FEI Number:** 65-1123351

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOCKE, ADAM  
5655 S. INDIAN RIVER DRIVE  
FORT PIERCE, FL 34982 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: O  
Name: LOCKE, ADAM  
Address: 5655 S. INDIAN RIVER DRIVE  
City-St-Zip: FORT PIERCE, FL 34982

Title: D  
Name: LOCKE, ADAM  
Address: 5655 S. INDIAN RIVER DRIVE  
City-St-Zip: FORT PIERCE, FL 34982

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: ADAM LOCKE

PRES

01/24/2011

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

\_\_\_\_\_  
Date