

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000102957

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Entity Name:** ABSOLUTE STORM PROTECTION SERVICES, INC.

**Current Principal Place of Business:**

5 LANE DRIVE  
UNIT E  
MARY ESTHER, FL 32569

**New Principal Place of Business:**

**Current Mailing Address:**

5 LANE DRIVE  
UNIT E  
MARY ESTHER, FL 32569

**New Mailing Address:**

**FEI Number:** 59-3754987

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHMEER, RUDI  
5 LANE DR  
MARY ESTHER, FL 32569 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: MGR  
Name: SCHMEER, RUDI  
Address: 703 FOREST SORES DR  
City-St-Zip: MARY ESTHER, FL 32569

Title: MGR  
Name: HEINEN, BIRGIT  
Address: 703 FOREST SORES DR  
City-St-Zip: MARY ESTHER, FL 32569

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: RUDI SCHMEER

MGR

04/18/2011

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

\_\_\_\_\_  
Date