

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000035064

**FILED**  
**Mar 28, 2011**  
**Secretary of State**

**Entity Name:** JOHN WILLIAM CAMPESE, P.A.

**Current Principal Place of Business:**

1017 CUTOFF BRANCH COURT  
OVIEDO, FL 32765

**New Principal Place of Business:**

1803 E BROADWAY ST.  
OVIEDO, FL 32765

**Current Mailing Address:**

1809 E. BROADWAY ST.  
217  
OVIEDO, FL 32765

**New Mailing Address:**

**FEI Number:** 90-0005514      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CAMPESE, JOHN W  
1017 CUTOFF BRANCH COURT  
OVIEDO, FL 32765    US

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

CAMPESE, JOHN W  
1809 E BROADWAY ST. #217  
OVIEDO, FL 32765    US

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

03/28/2011

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** CAMPESE, JOHN W  
**Address:** 1809 E BROADWAY ST. #217  
**City-St-Zip:** OVIEDO, FL 32765

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: JOHN W CAMPESE

Electronic Signature of Signing Officer or Director

PD

03/28/2011

Date