

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000092124

FILED  
Jan 08, 2010  
Secretary of State

**Entity Name:** SCHWAB-KOPLIN ASSOCIATES, INC.

**Current Principal Place of Business:**

1768 S.E. CLEARMONT STREET  
PORT ST. LUCIE, FL 34983

**New Principal Place of Business:**

**Current Mailing Address:**

1768 S.E. CLEARMONT STREET  
PORT ST. LUCIE, FL 34983

**New Mailing Address:**

FEI Number: 64-0639401

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SCHWAB, PIERRE  
1768 S.E. CLEARMONT STREET  
PORT ST. LUCIE, FL 34983 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: D  
Name: SCHWAB, PIERRE  
Address: 1768 S.E. CLEARMONT STREET  
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: D  
Name: SCHWAB, JACQUELINE  
Address: 1768 S.E. CLEARMONT STREET  
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: D  
Name: MEADE, WILLIAM P  
Address: 120 BLACKBERRY LANE  
City-St-Zip: CHAPEL HILL, NC 27514

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: PIERRE SCHWAB

PRES

01/08/2010

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

\_\_\_\_\_ Date