

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000026193

FILED  
May 04, 2009  
Secretary of State

Entity Name: FLORIDA'S EXECUTIVE MANAGEMENT OF WPB, INC.

**Current Principal Place of Business:**

2240 PALM BEACH LAKE BLVD  
400  
WEST PALM BEACH, FL 33409

**New Principal Place of Business:**

**Current Mailing Address:**

2240 PALM BEACH LAKE BLVD  
400  
WEST PALM BEACH, FL 33409

**New Mailing Address:**

FEI Number: 20-1003462

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NEEDLE, HAROLD  
FLORIDA'S EXECUTIVE MANAGEMENT OF WPB, INC  
2240 PALM BEACH LAKE BLVD  
WEST PALM BEACH, FL 33409 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: NEEDLE, HAROLD  
Address: 2240 PALM BEACH LAKE BLVD  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: V ( ) Delete  
Name: NEEDLE, FLORYN  
Address: 2240 PALM BEACH LAKE BLVD  
City-St-Zip: WEST PALM BEACH, FL 33409

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: HAROLD NEEDLE

P

05/04/2009

Electronic Signature of Signing Officer or Director

Date