

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000048100

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

**Entity Name:** DEVELOPERS CONSULTING SERVICES, INC.

**Current Principal Place of Business:**

2002 N LOIS AVE  
SUITE 500  
TAMPA, FL 33607 US

**New Principal Place of Business:**

5680 W. CYPRESS STREET  
SUITE A  
TAMPA, FL 33607 US

**Current Mailing Address:**

2002 N LOIS AVE  
SUITE 500  
TAMPA, FL 33607 US

**New Mailing Address:**

16609 ROUND OAK DRIVE  
TAMPA, FL 33618 US

**FEI Number:** 05-0598967

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRICKLEMYER SMOLKER & BOLVES, P.A.  
500 E KENNEDY BLVD STE 200  
TAMPA, FL 33602 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: D  
Name: CALHOUN, SUSAN A  
Address: 16609 ROUND OAK DRIVE  
City-St-Zip: TAMPA, FL 33618

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: SUSAN A CALHOUN

D

01/28/2011

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

\_\_\_\_\_  
Date