

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000025649

Entity Name: KATHY THELANDER.PA

**FILED**  
**Mar 11, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

800 NW PEACOCK BLVD  
#387  
PORT ST.LUCIE, FL 34986

## **New Principal Place of Business:**

800 NW PEACOCK BLVD  
PORT ST.LUCIE, FL 34986

## **Current Mailing Address:**

800 NW PEACOCK BLVD  
#387  
PORT ST.LUCIE, FL 34986

## **New Mailing Address:**

800 NW PEACOCK BLVD  
PORT ST.LUCIE, FL 34986

FEI Number: 20-2409127

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

THELANDER, KATHY M MS  
387 NW BOUNDARY DRIVE  
PORT ST.LUCIE, FL 34986 US

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

THELANDER, KATHY M MS  
3717 SANDLACE CT  
PORT ST.LUCIE, FL 34952 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: KATHY M THELANDER

03/11/2011

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: PA  
Name: THELANDER, KATHY M  
Address: 3717 SANDLACE CT  
City-St-Zip: PORT ST.LUCIE, FL 34952

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: KATHY M THELANDER

PA

03/11/2011

Electronic Signature of Signing Officer or Director

Date