

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000085350

Entity Name: KATRINA M. TOWNS, PA

**FILED**  
**Mar 10, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1500 S. MCCALL ROAD  
ENGELWOOD, FL 34224

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3426  
PLACIDA, FL 33946

**New Mailing Address:**

FEI Number: 20-3019489

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TOWNS, KATRINA M  
13425 BLAKE DR  
PORT CHARLOTTE, FL 33981 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: PSD  
Name: TOWNS, KATRINA M  
Address: PO BOX 3426  
City-St-Zip: PLACIDA, FL 33946

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: KATRINA M TOWNS

PSD

03/10/2011

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

\_\_\_\_\_  
Date