

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000161253

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Entity Name:** SOFTWARE PROFESSIONALS, INC.

**Current Principal Place of Business:**

9624 CROOKED STICK LANE  
PORT ST. LUCIE, FL 34986

**New Principal Place of Business:**

**Current Mailing Address:**

9624 CROOKED STICK LANE  
PORT ST. LUCIE, FL 34986

**New Mailing Address:**

**FEI Number:** 23-2633438

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BITTMANN, JOSEPH J.  
1532 SW MOCKINGBIRD CIRCLE  
PORT ST. LUCIE, FL 34986 US

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

CHOBY, VICKI  
9624 CROOKED STICK LANE  
PORT ST. LUCIE, FL 34986 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: VICKI CHOBY

04/23/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: MR  
Name: CHOBY, ALEX J.  
Address: 9624 CROOKED STICK LANE  
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: MRS  
Name: CHOBY, VICKI L.  
Address: 9624 CROOKED STICK LANE  
City-St-Zip: PORT ST. LUCIE, FL 34986

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: ALEX J CHOBY

PRES

04/23/2012

Electronic Signature of Signing Officer or Director

Date