

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000163228

**FILED**  
**Jan 07, 2011**  
**Secretary of State**

**Entity Name:** RITA JEAN QUACKENBUSH, P.A.

**Current Principal Place of Business:**

5690 HARBORAGE DRIVE  
FORT MYERS, FL 33908

**New Principal Place of Business:**

10005 SKY VIEW WAY  
2108  
FORT MYERS, FL 33913

**Current Mailing Address:**

5690 HARBORAGE DRIVE  
FORT MYERS, FL 33908

**New Mailing Address:**

10005 SKY VIEW WAY  
2108  
FORT MYERS, FL 33913

**FEI Number:** 20-3946251

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

QUACKENBUSH, RITA J  
5690 HARBORAGE DRIVE  
FORT MYERS, FL 33908 US

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

QUACKENBUSH, RITA J  
10005 SKY VIEW WAY  
2108  
FORT MYERS, FL 33913 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

01/07/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PVST  
Name: QUACKENBUSH, RITA J  
Address: 10005 SKY VIEW WAY  
City-St-Zip: FORT MYERS, FL 33913

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: RITA J QUACKENBUSH

PVST

01/07/2011

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

\_\_\_\_\_  
Date