

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000071890

**FILED**  
**Feb 18, 2010**  
**Secretary of State**

**Entity Name:** CENTER FOR ORGANIZATION AND RELATIONAL EXCELLENCE, INC.

**Current Principal Place of Business:**

10921 MCMULLEN LOOP  
RIVERVIEW, FL 33569 US

**New Principal Place of Business:**

11015 SCOTT LOOP  
RIVERVIEW, FL 33569 US

**Current Mailing Address:**

10921 MCMULLEN LOOP  
RIVERVIEW, FL 33569 US

**New Mailing Address:**

11015 SCOTT LOOP  
RIVERVIEW, FL 33569 US

**FEI Number:** 20-4972116

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPEICHER, KAREN M  
11015 SCOTT LOOP  
RIVERVIEW, FL 33569 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** SPEICHER, DAVID  
**Address:** 11015 SCOTT LOOP  
**City-St-Zip:** RIVERVIEW, FL 33569 US

**Title:** D  
**Name:** SPEICHER, KAREN  
**Address:** 11015 SCOTT LOOP  
**City-St-Zip:** RIVERVIEW, FL 33569 US

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:** KAREN SPEICHER

VP

02/18/2010

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

\_\_\_\_\_  
Date