

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000050179

FILED  
Jan 26, 2009  
Secretary of State

Entity Name: FALL PREVENTION INCORPORATED

## Current Principal Place of Business:

1715 HERITAGE TRAIL  
SUITE #203  
NAPLES, FL 34112 US

## New Principal Place of Business:

819 GROVE DR.  
NAPLES, FL 34120 US

## Current Mailing Address:

15275 COLLIER BLVD. #201  
SUITE #261  
NAPLES, FL 34119 US

## New Mailing Address:

FEI Number: 20-8921728      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOVERSON, ALLEN C III  
819 GROVE DR.  
NAPLES, FL 34120 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: P ( ) Delete  
Name: HOVERSON, ALLEN C III  
Address: 819 GROVE DR.  
City-St-Zip: NAPLES, FL 34120 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: HOVERSON, TARA D  
Address: 819 GROVE DR.  
City-St-Zip: NAPLES, FL 34120 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TARA HOVERSON

VP

01/26/2009

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

\_\_\_\_\_ Date