

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000082826

Entity Name: SCHROPP LAW FIRM, P.A.

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

2309 S. MACDILL AVE.  
SUITE 101  
TAMPA, FL 33629

## **New Principal Place of Business:**

## **Current Mailing Address:**

2309 S. MACDILL AVE.  
SUITE 101  
TAMPA, FL 33629

## **New Mailing Address:**

FEI Number: 26-0585666

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SCHROPP, CHARLES M  
2309 S. MACDILL AVE.  
SUITE 101  
TAMPA, FL 33629 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: SD  
Name: SCHROPP, CHARLES M  
Address: 2309 S. MACDILL AVENUE, STE. 101  
City-St-Zip: TAMPA, FL 33609

Title: PD  
Name: SCHROPP, CHARLES P  
Address: 2309 S. MACDILL AVE. STE 101  
City-St-Zip: TAMPA, FL 33629

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: CHARLES P. SCHROPP

PRES

02/17/2011

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

\_\_\_\_\_  
Date