

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000131990

**FILED**  
**Sep 12, 2012**  
**Secretary of State**

**Entity Name:** POLE CHAMP, INC.

**Current Principal Place of Business:**

1100 BOCA CIEGA ISLE DRIVE  
ST PETE BEACH, FL 33706

**New Principal Place of Business:**

**Current Mailing Address:**

1100 BOCA CIEGA ISLE DRIVE  
ST PETE BEACH, FL 33706

**New Mailing Address:**

**FEI Number:** 26-1602924

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROMAGNA, NICHOLE  
1100 BOCA CIEGA ISLE DRIVE  
ST PETE BEACH, FL 33706 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: DPV  
Name: ROMAGNA, NICHOLE  
Address: 1100 BOCA CIEGA ISLE DRIVE  
City-St-Zip: ST PETE BEACH, FL 33706

Title: ST  
Name: ROMAGNA, NICHOLE  
Address: 1100 BOCA CIEGA ISLE DRIVE  
City-St-Zip: ST PETE BEACH, FL 33706

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: NICHOLE ROMAGNA

DPV

09/12/2012

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

\_\_\_\_\_  
Date