

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000134861

FILED  
Apr 03, 2012  
Secretary of State

**Entity Name:** CURB SYSTEMS OF NE FL AT ST. AUGUSTINE, INC.

**Current Principal Place of Business:**

6370 US HWY 1 NORTH  
#8  
ST. AUGUSTINE, FL 32095 US

**New Principal Place of Business:**

101 CANOVA COURT  
ST. AUGUSTINE, FL 32086 US

**Current Mailing Address:**

6370 US HWY 1 NORTH  
#8  
ST. AUGUSTINE, FL 32095 US

**New Mailing Address:**

101 CANOVA COURT  
ST. AUGUSTINE, FL 32086 US

**FEI Number:** 26-1628947

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALLIGOOD, GARY L  
6370 US HWY 1 NORTH  
#8  
ST. AUGUSTINE, FL 32095 US

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

ALLIGOOD, GARY L  
101 CANOVA COURT  
ST. AUGUSTINE, FL 32086 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:

04/03/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ALLIGOOD, GARY L  
Address: 101 CANOVA COURT  
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: VP  
Name: ALLIGOOD, JUDY S  
Address: 101 CANOVA COURT  
City-St-Zip: ST. AUGUSTINE, FL 32086

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: GARY ALLIGOOD

PRES

04/03/2012

Electronic Signature of Signing Officer or Director

Date