

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000053854

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** VICKIE LOVELL PROFESSIONAL SERVICES, INC.

**Current Principal Place of Business:**

1036 CASUARINA ROAD  
DELRAY BEACH, FL 33483 US

**New Principal Place of Business:**

777 E ATLANTIC AVE  
301  
DELRAY BEACH, FL 33483 US

**Current Mailing Address:**

1036 CASUARINA ROAD  
DELRAY BEACH, FL 33483 US

**New Mailing Address:**

777 E ATLANTIC AVE  
301  
DELRAY BEACH, FL 33483 US

**FEI Number:** 27-0409995

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOVELL, VICKIE J  
1036 CASUARINA ROAD  
DELRAY BEACH, FL 33483 US

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

LOVELL, VICKIE J  
777 E ATLANTIC AVE  
301  
DELRAY BEACH, FL 33483 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: VICKIE LOVELL

04/21/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LOVELL, VICKIE J  
Address: 777 E ATLANTIC AVE #301  
City-St-Zip: DELRAY BEACH, FL 33483 US

Title: T/D  
Name: FRAME, WILLIAM A  
Address: 826 SNOWDEN DRIVE  
City-St-Zip: LAKE WORTH, FL 33461 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: WILLIAM A FRAME

D

04/21/2011

Electronic Signature of Signing Officer or Director

Date