

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000058955

Entity Name: DREW A. STOLLER, P.A.

**FILED**  
**Jan 26, 2012**  
**Secretary of State**

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

11929 SW BENNINGTON CIRCLE  
PORT ST. LUCIE, FL 34987 US

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

113 SW SARATOGA AVE.  
PORT ST. LUCIE, FL 34953 US

## **Current Mailing Address:**

10380 SW VILLAGE CENTER DRIVE  
# 416  
PORT ST. LUCIE, FL 34987 US

## **New Mailing Address:**

113 SW SARATOGA AVE.  
PORT ST. LUCIE, FL 34953 US

FEI Number: 27-0519272

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

STOLLER, DREW A  
11929 SW BENNINGTON CIRCLE  
PORT ST. LUCIE, FL 34987 US

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

STOLLER, DREW A  
113 SW SARATOGA AVE.  
PORT ST. LUCIE, FL 34953 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:

01/26/2012

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: P  
Name: STOLLER, DREW A  
Address: 113 SW SARATOGA AVE.  
City-St-Zip: PORT ST. LUCIE, FL 34953 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: DREW A STOLLER

PRES

01/26/2012

Electronic Signature of Signing Officer or Director

Date