

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000093574

**FILED**  
**Aug 31, 2011**  
**Secretary of State**

**Entity Name:** ALYSSA C. CAMPER, ATTORNEY AT LAW P.A.

**Current Principal Place of Business:**

7 OLD MISSION AVE  
ST. AUGUSTINE, FL 32084

**New Principal Place of Business:**

255 W. KING STREET  
SUITE 204  
ST. AUGUSTINE, FL 32084

**Current Mailing Address:**

P.O. BOX 2175  
ST. AUGUSTINE, FL 32085

**New Mailing Address:**

**FEI Number:** 27-1252404

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAMPER, ALYSSA C  
825 OAK ARBOR CIR  
ST. AUGUSTINE, FL 32084 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: CEO  
Name: CAMPER, ALYSSA C  
Address: 825 OAK ARBOR CIRCLE  
City-St-Zip: ST. AUGUSTINE, FL 32084

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: ALYSSA CAMPER

CEO

08/31/2011

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

\_\_\_\_\_  
Date