

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000103081

Entity Name: KARLA L HARDING PA

FILED  
Feb 18, 2011  
Secretary of State

**Current Principal Place of Business:**

11162 SW SPRINGTREE TERRACE  
PORT ST LUCIE, FL 34987

**New Principal Place of Business:**

11162 SW SPRINGTREE TERRACE  
PORT ST LUCIE, FL 34987 US

**Current Mailing Address:**

11162 SW SPRINGTREE TERRACE  
PORT ST LUCIE, FL 34987

**New Mailing Address:**

11162 SW SPRINGTREE TERRACE  
PORT ST LUCIE, FL 34987 US

FEI Number: 27-1563961

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HARDING, KARLA L  
11162 SW SPRINGTREE TERRACE  
PORT ST LUCIE, FL 34987 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: MRS.  
Name: HARDING, KARLA L  
Address: 11162 SW SPRINGTREE TERRACE  
City-St-Zip: PORT ST LUCIE, FL 34987 US

Title: MRS.  
Name: HARDING, KARLA L  
Address: 11162 SW SPRINGTREE TERRACE  
City-St-Zip: PORT SAINT LUCIE, FL 34987 US

Title: MRS.  
Name: HARDING, KARLA L  
Address: 11162 SW SPRINGTREE TERRACE  
City-St-Zip: PORT SAINT LUCIE, FL 34987 US

Title: MRS.  
Name: HARDING, KARLA L  
Address: 11162 SW SPRINGTREE TERRACE  
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Title: MRS.  
Name: HARDING, KARLA L  
Address: 11162 SW SPRINGTREE TERRACE  
City-St-Zip: PORT SAINT LUCIE, FL 34987 US

Title: MRS.  
Name: HARDING, KARLA L  
Address: 11162 SW SPRINGTREE TERRACE  
City-St-Zip: PORT SAINT LUCIE, FL 34987 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: KARLA HARDING PA

MRS.

02/18/2011

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

\_\_\_\_\_ Date