

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000007446

**FILED**  
**May 01, 2011**  
**Secretary of State**

**Entity Name:** NATIONAL VENDOR NETWORK, INC.

**Current Principal Place of Business:**

546 WEKIVA CREST DR.  
APOPKA, FL 32712 US

**New Principal Place of Business:**

875 ASHWORTH OVERLOOK DR.  
APOPKA, FL 32712 US

**Current Mailing Address:**

546 WEKIVA CREST DR.  
APOPKA, FL 32712 US

**New Mailing Address:**

875 ASHWORTH OVERLOOK DR.  
APOPKA, FL 32712 US

**FEI Number:** 27-1774604

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STROUT, JONATHAN D  
546 WEKIVA CREST DR.  
APOPKA, FL 32712 US

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

STROUT, JONATHAN D  
875 ASHWORTH OVERLOOK DR.  
APOPKA, FL 32712 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:** JONATHAN STROUT

05/01/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** STROUT, JONATHAN D  
**Address:** 875 ASHWORTH OVERLOOK DR.  
**City-St-Zip:** APOPKA, FL 32712 FL

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:** JONATHAN STROUT

P

05/01/2011

Electronic Signature of Signing Officer or Director

Date