

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000091484

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

**Entity Name:** CHARITY ELIZABETH REBL, P.A.

**Current Principal Place of Business:**

150 TED WILLIAMS WAY  
ISLAMORADA, FL 33036 US

**New Principal Place of Business:**

150 TED WILLIAMS WAY  
33037  
ISLAMORADA, FL 33036 US

**Current Mailing Address:**

150 TED WILLIAMS WAY  
ISLAMORADA, FL 33036 US

**New Mailing Address:**

150 TED WILLIAMS WAY  
33037  
ISLAMORADA, FL 33036 US

**FEI Number:** 27-3920184

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REBL, CHARITY  
150 TED WILLIAMS WAY  
ISLAMORADA, FL 33036 US

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

REBL, CHARITY  
150 TED WILLIAMS WAY  
33037  
ISLAMORADA, FL 33036 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:** JAMES V MOONEY JR

02/21/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PVST  
**Name:** REBL, CHARITY E  
**Address:** 150 TED WILLIAMS WAY  
**City-St-Zip:** ISLAMORADA, FL 33036 US

**Title:** D  
**Name:** REBL, CHARITY E  
**Address:** 150 TED WILLIAMS WAY  
**City-St-Zip:** ISLAMORADA, FL 33036 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:** CHARITY ELIZABETH REBL

PRES

02/21/2011

Electronic Signature of Signing Officer or Director

Date