

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19280

**FILED**  
**Feb 02, 2011**  
**Secretary of State**

**Entity Name:** TECHNICAL CONSULTANTS OF LONGBOAT KEY, INC.

**Current Principal Place of Business:**

585 GUNWALE LANE  
LONGBOAT KEY, FL 34228

**New Principal Place of Business:**

**Current Mailing Address:**

585 GUNWALE LANE  
LONGBOAT KEY, FL 34228

**New Mailing Address:**

**FEI Number:** 38-2573252

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NEUMANN, KATHLEEN E  
585 GUNWALE LANE  
LONGBOAT KEY, FL 34228 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: PD  
Name: NEUMANN, ALVIN G  
Address: 585 GUNWALE LANE  
City-St-Zip: LONGBOAT KEY, FL 34228

Title: STD  
Name: NEUMANN, KATHLEEN E  
Address: 585 GUNWALE LANE  
City-St-Zip: LONGBOAT KEY, FL 34228

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: KATHLEEN E. NEUMANN

ST

02/02/2011

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

\_\_\_\_\_  
Date