

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000002146

**FILED**  
**Apr 05, 2011**  
**Secretary of State**

**Entity Name:** ASSOCIATED PROFESSIONALS OF FLORIDA, INC.

**Current Principal Place of Business:**

13241 UNIVERSITY DRIVE  
SUITE 103  
FORT MYERS, FL 33907 US

**New Principal Place of Business:**

**Current Mailing Address:**

13241 UNIVERSITY DRIVE  
SUITE 103  
FORT MYERS, FL 33907 US

**New Mailing Address:**

**FEI Number:** 65-0460898

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LANAUX, DAVID  
13241 UNIVERSITY DRIVE  
SUITE 103  
FORT MYERS, FL 33907 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:** P  
**Name:** LANAUX, PAMALLA D  
**Address:** 13241 UNIVERSITY DRIVE SUITE 103  
**City-St-Zip:** FORT MYERS, FL 33907 US

**Title:** VP  
**Name:** LANAUX, DAVID D  
**Address:** 13241 UNIVERSITY DRIVE # 103  
**City-St-Zip:** FORT MYERS, FL 33907

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:** PAMALLA D. LANAUX

P

04/05/2011

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

\_\_\_\_\_  
Date