

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000013182

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: NORTH SOUTH PLAZA, INC.

**Current Principal Place of Business:**

1281 OLD DIXIE HWY  
VERO BEACH, FL 32960

**New Principal Place of Business:**

**Current Mailing Address:**

686 THIRD PLACE  
VERO BEACH, FL 32962

**New Mailing Address:**

FEI Number: 59-3363013      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BOBBY J HIERS  
686 3RD PLACE  
VERO BEACH, FL 32962      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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HIERS, BOBBY J  
Address: 686 3RD PLACE  
City-St-Zip: VERO BEACH, FL 32963

Title: ST ( ) Delete  
Name: GIANOTTI, SHELLY R  
Address: 2230 80TH CT  
City-St-Zip: VERO BEACH, FL 32963

Title: V ( ) Delete  
Name: HIERS, KELLY K  
Address: 2235 80TH CT  
City-St-Zip: VERO BEACH, FL 32963

Title: D ( ) Delete  
Name: HOCKENHULL, STACY A  
Address: 715 36TH AVE  
City-St-Zip: VERO BEACH, FL 32963

Title: D ( ) Delete  
Name: BUTZ, PAMELA  
Address: 223 SPINNAKER DR  
City-St-Zip: VERO BEACH, FL 32963

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KELLY K HIERS

V

04/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date