

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000097583

**FILED**  
**Feb 03, 2011**  
**Secretary of State**

**Entity Name:** ASSET MARKETING & PROPERTY MANAGEMENT, INC.

**Current Principal Place of Business:**

21202 OLEAN BLVD.  
STE A4  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

**Current Mailing Address:**

21202 OLEAN BLVD.  
STE A4  
PORT CHARLOTTE, FL 33952

**New Mailing Address:**

**FEI Number:** 59-3419697

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STARKEY, LAURIE  
5511 LINDA DR  
NORTH PORT, FL 34286 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: PSTV  
Name: STARKEY, LAURIE  
Address: 5511 LINDA DR  
City-St-Zip: NORTH PORT, FL 34286

Title: VD  
Name: STARKEY, LAURIE  
Address: 5511 LINDA DRIVE  
City-St-Zip: NORTH PORT, FL 34286

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: LAURIE STARKEY

PRES

02/03/2011

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

\_\_\_\_\_  
Date