

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000012581

FILED
Apr 13, 2009
Secretary of State

Entity Name: KISSIMMEE PROFESSIONAL DEVELOPMENT, INC.

Current Principal Place of Business:

1111 PERSON STREET
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

1111 PERSON STREET
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 59-3432882

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHICK, DAVID L
301 E. PINE STREET
SUITE 1400
ORLANDO, FL 32301 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: PD () Delete
Name: HEAP, ALAN R
Address: 1641 HARBOUR CT
City-St-Zip: KISSIMMEE, FL 34744

Title: VD () Delete
Name: TURNER, C. MICHAEL
Address: 1111 PERSON STREET
City-St-Zip: KISSIMMEE, FL 34741

Title: SD () Delete
Name: HEAP, JEANNE
Address: 1641 HARBOUR COURT
City-St-Zip: KISSIMMEE, FL 34744

Title: TD () Delete
Name: TURNER, KAREN
Address: 1111 PERSON STREET
City-St-Zip: KISSIMMEE, FL 34741

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:

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: C.MICHAEL TURNER

VD

04/13/2009

Electronic Signature of Signing Officer or Director

Date