

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000089180

**FILED**  
**Apr 16, 2012**  
**Secretary of State**

**Entity Name:** KUPPEL'S PROFESSIONAL SERVICES, INC.

**Current Principal Place of Business:**

5250 95TH STREET  
ST. PETERSBURG, FL 33708

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 41525  
ST. PETERSBURG, FL 33743

**New Mailing Address:**

**FEI Number:** 59-3538419

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134 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:** PSTD  
**Name:** KUPPEL, ROBERT P MR.  
**Address:** 5032 20TH AVENUE NORTH  
**City-St-Zip:** SAINT PETERSBURG, FL 33710

**Title:** VP  
**Name:** KUPPEL, ROBERT P JR.  
**Address:** 5060 76TH AVE APT106  
**City-St-Zip:** PINELLAS PARK, FL 33781

**Title:** S  
**Name:** BODINSKI, BRIAN  
**Address:** 13368 1ST STREET E  
**City-St-Zip:** MADERIA BEACH, FL 33708

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:** ROBERT P KUPPEL

PSTD

04/16/2012

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

\_\_\_\_\_  
Date