

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000061181

Entity Name: IPLACEMENT, INC.

FILED  
Jan 12, 2011  
Secretary of State

**Current Principal Place of Business:**

1516 E. COLONIAL DRIVE  
SUITE 303  
ORLANDO, FL 32803

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 533958  
ORLANDO, FL 32853

**New Mailing Address:**

FEI Number: 59-3585816

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DAVIS, RANDOLPH D  
978 LAS FLORES WAY  
ORLANDO, FL 32804 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: PD  
Name: NUXOL, DAVID E  
Address: 793 BROAD OAK LP  
City-St-Zip: SANFORD, FL 32771

Title: CD  
Name: DAVIS, RANDOLPH D  
Address: 978 LAS FLORES WAY  
City-St-Zip: ORLANDO, FL 32804

Title: DST  
Name: BALL, SHARON  
Address: 363 E LAKE SUE AVE  
City-St-Zip: WINTER PARK, FL 32789

Title: D  
Name: COOKE, WILLIAM J  
Address: 1257 WELLINGTON TERRACE  
City-St-Zip: MAITLAND, FL 32751

Title: D  
Name: POLEJES, CRAIG  
Address: 2110 FORREST RD  
City-St-Zip: WINTER PARK, FL 32789

Title: D  
Name: FONTENOT, JUDY D  
Address: 500 ROCKY MOUNTAIN CIR  
City-St-Zip: CHERRYLOG, GA 30522

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: RANDOLPH D DAVIS

CD

01/12/2011

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

\_\_\_\_\_  
Date