

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000091195

**FILED**  
**Feb 23, 2012**  
**Secretary of State**

**Entity Name:** CENTER FOR PROFESSIONAL DEVELOPMENT, INC.

**Current Principal Place of Business:**

8375 N. MIZZEN DRIVE  
BOYNTON BEACH, FL 33472 FL

**New Principal Place of Business:**

8375 N. MIZZEN DRIVE  
BOYNTON BEACH, FL 33472 US

**Current Mailing Address:**

8375 N. MIZZEN DRIVE  
BOYNTON BEACH, FL 33472 FL

**New Mailing Address:**

8375 N. MIZZEN DRIVE  
BOYNTON BEACH, FL 33472 US

**FEI Number:** 65-1090042

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LUCAS, HAROLD W  
8375 N. MIZZEN DRIVE  
BOYNTON BEACH, FL 33472 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: LUCAS, HAROLD W  
Address: 8375 N MIZZEN DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33472 US

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: HAROLD W. LUCAS

PD

02/23/2012

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

\_\_\_\_\_  
Date