

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000107736

**FILED**  
**Feb 19, 2010**  
**Secretary of State**

**Entity Name:** A COURTEOUS ADVERTISING AGENCY, INC

**Current Principal Place of Business:**

654 JUBILEE STREET  
MELBOURNE, FL 32940

**New Principal Place of Business:**

**Current Mailing Address:**

654 JUBILEE STREET  
MELBOURNE, FL 32940

**New Mailing Address:**

**FEI Number:** 59-3613764

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BERNKRANT, BRAD A  
654 JUBILEE STREET  
MELBOURNE, FL 32940 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: P  
Name: BERNKRANT, BRAD  
Address: 654 JUBILEE STREET  
City-St-Zip: MELBOURNE, FL 32940

Title: VP  
Name: KUCHARCZYK, DUANE A  
Address: 3210 MERRIMAC LANE  
City-St-Zip: INDIALANTIC, FL 32903

Title: VP  
Name: BERNKRANT, BRENT  
Address: 654 JUBILEE STREET  
City-St-Zip: MELBOURNE, FL 32940

Title: VP  
Name: BERNKRANT, SHANNA  
Address: 654 JUBILEE STREET  
City-St-Zip: MELBOURNE, FL 32940

Title: VP  
Name: BERNKRANT, ROSS  
Address: 1408 CALIFORNIA STREET  
City-St-Zip: TALLAHASSEE, FL 32304

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: BRAD A BERNKRANT

PRES

02/19/2010

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

\_\_\_\_\_ Date