

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S00077

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** PROFESSIONAL DIRECT MARKETING AND MAILING LISTS, INC.

**Current Principal Place of Business:**

6400 CONGRESS AVE., STE 2150  
BOCA RATON, FL 334872850

**New Principal Place of Business:**

**Current Mailing Address:**

6400 CONGRESS AVE., STE 2150  
BOCA RATON, FL 334872850

**New Mailing Address:**

**FEI Number:** 13-2950591

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LANDOLFI, JOSEPH M ESQ.  
7805 NW BEACON SQUARE BLVD  
SUITE 102  
BOCA RATON, FL 33487 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:** KRNA, RICHARD  
**Address:** 4550 NW 23RD COURT  
**City-St-Zip:** BOCA RATON, FL 33431

**Title:** STD  
**Name:** KRNA, BARBARA  
**Address:** 4550 NW 23RD COURT  
**City-St-Zip:** BOCA RATON, FL 33431

**Title:** D  
**Name:** VERGOGLINO, JOSEPH  
**Address:** 380 WEST PALMETTO PARK ROAD  
**City-St-Zip:** BOCA RATON, FL 33432

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:** BARBARA A KRNA

SECY

04/27/2011

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

\_\_\_\_\_  
Date