

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V46916

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** KEY PROFESSIONAL SERVICES OF FLORIDA INC.

**Current Principal Place of Business:**

6218 SOARING AVENUE  
TEMPLE TERRACE, FL 33617 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 292643  
TAMPA, FL 336872643 US

**New Mailing Address:**

**FEI Number:** 59-3130560

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMITH, K.A.  
6218 SOARING AVENUE  
TAMPA, FL 33617 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: DPS  
Name: SMITH, K.A.  
Address: 6218 SOARING AVENUE  
City-St-Zip: TAMPA, FL 33617 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: K. A. SMITH

DPS

04/26/2011

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

\_\_\_\_\_  
Date