

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 483464

FILED  
Feb 15, 2012  
Secretary of State

**Entity Name:** DEARDOURFF, TIMMONS & ASSOCIATES, P.A.

**Current Principal Place of Business:**

6420 N.W. 9TH BLVD.  
GAINESVILLE, FL 326054203

**New Principal Place of Business:**

**Current Mailing Address:**

6420 N.W. 9TH BLVD.  
GAINESVILLE, FL 326054203

**New Mailing Address:**

**FEI Number:** 59-1614580

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DEARDOURFF, TIMMONS & ASSO., PA  
6420 N.W. 9TH BLVD.  
GAINESVILLE, FL 32605 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: CASSISI, CHRISTOPHER M.  
Address: 6420 N.W. 9TH BLVD.  
City-St-Zip: GAINESVILLE, FL 32605

Title: SD  
Name: BULLEN, DARYLL B.  
Address: 6420 N.W. 9TH BLVD.  
City-St-Zip: GAINESVILLE, FL 32605

Title: VP  
Name: DARYLL BULLEN  
Address: 6420 NW 9 BLVD  
City-St-Zip: GAINESVILLE, FL 32605

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: CHRISTOPHER M CASSISI

PD

02/15/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date