

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000003803

FILED  
Jan 20, 2012  
Secretary of State

Entity Name: POND & ASSOCIATES INC.

**Current Principal Place of Business:**

10199 SOUTHSIDE BLVD., STE. 103  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

3500 PARKWAY LANE, STE. 600  
NORCROSS, GA 30092

**New Mailing Address:**

FEI Number: 58-1639128

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION, FL 33324 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: C  
Name: POND, J. AL  
Address: 3500 PARKWAY LANE, STE. 600  
City-St-Zip: NORCROSS, GA 30092

Title: P  
Name: HESLEP, MICHELLE  
Address: 3500 PARKWAY LANE, STE.600  
City-St-Zip: NORCROSS, GA 30092

Title: V  
Name: GRAVES, STEVEN R.  
Address: 3500 PARKWAY LANE, STE.600  
City-St-Zip: NORCROSS, GA 30092

Title: S  
Name: PARKER, ANTHONY W.  
Address: 3500 PARKWAY LANE, STE. 600  
City-St-Zip: NORCROSS, GA 30092

Title: T  
Name: BLIND, KERRY  
Address: 3500 PARKWAY LANE, STE 600  
City-St-Zip: NORCROSS, GA 30092

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: ANTHONY PARKER

S

01/20/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date