

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M87009

FILED  
Mar 28, 2012  
Secretary of State

Entity Name: GARY F. HANNON, C.P.A., P.A.

**Current Principal Place of Business:**

2700 UNIVERSITY BLVD W #A2  
JACKSONVILLE, FL 32217

**New Principal Place of Business:**

**Current Mailing Address:**

2700 UNIVERSITY BLVD W #A2  
JACKSONVILLE, FL 32217

**New Mailing Address:**

FEI Number: 59-2892813

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HANNON, GARY F.  
4244 POINT LAVISTA ROAD SOUTH  
JACKSONVILLE, FL 32207 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: DVP  
Name: SHOFFNER, CHARLES R  
Address: 8276 CATFIELD COURT  
City-St-Zip: JACKSONVILLE, FL 32277

Title: DP  
Name: HANNON, GARY F  
Address: 4244 POINT LAVISTA ROAD SOUTH  
City-St-Zip: JACKSONVILLE, FL

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: GARY F. HANNON

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03/28/2012

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

\_\_\_\_\_  
Date