## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000016959

Entity Name: LIVINGSTON, WOLVERTON, & SWORD, P.A.

FILED Feb 29, 2012 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

20 AIRPORT RD STE A 2561 MOODY BOULDEVARD PALM COAST, FL 32164 US

SUITE B

FLAGLER BEACH, FL 32136 US

**Current Mailing Address: New Mailing Address:** 

20 AIRPORT RD STE A 2561 MOODY BOULDEVARD

PALM COAST, FL 32164 US SUITE B

FLAGLER BEACH, FL 32136 US

FEI Number: 26-4318350 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

WOLVERTON, JAMES T ESQ. WOLVERTON, JAMES T ESQ. 20 AIRPORT RD STE A 2561 MOODY BOULDEVARD

PALM COAST, FL 32164 US SUITE B

FLAGLER BEACH, FL 32136 US

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: JAMES T. WOLVERTON ESQ 02/29/2012

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title:

WOLVERTON, JAMES T ESQ. Name: 2561 MOODY BOULDEVARD, SUITE B Address: City-St-Zip: FLAGLER BEACH, FL 32136 US

Title: VPS

Name: LIVINGSTON, JAY W ESQ

2561 MOODY BOULDEVARD, SUITE B Address:

FLAGLER BEACH, FL 32136 City-St-Zip:

Title: VPT

SWORD, RAVEN ESQ Name:

2561 MOODY BOULDEVARD, SUITE B Address:

City-St-Zip: FLAGLER BEACH, FL 32136

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.

Ρ SIGNATURE: JAMES T WOLVERTON 02/29/2012