

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 483464

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

**Current Principal Place of Business:**

6420 N.W. 9TH BLVD.  
GAINESVILLE, FL 32605-4203

**Current Mailing Address:**

6420 N.W. 9TH BLVD.  
GAINESVILLE, FL 32605-4203

**FEI Number: 59-1614580**

**Certificate of Status Desired: No**

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

DEARDOURFF, TIMMONS & ASSO., PA  
6420 N.W. 9TH BLVD.  
GAINESVILLE, FL 32605 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name CASSISI, CHRISTOPHER M.  
Address 6420 N.W. 9TH BLVD.  
City-State-Zip: GAINESVILLE FL 32605

Title SD  
Name MCLAUGHLIN, SEAN  
Address 6420 N.W. 9TH BLVD.  
City-State-Zip: GAINESVILLE FL 32605

Title VP  
Name DARYLL BULLEN  
Address 6420 NW 9 BLVD  
City-State-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 CASSISI**

**PRESIDENT**

**01/16/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date