

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02915

**FILED  
Jan 07, 2017  
Secretary of State  
CC2878680605**

**Entity Name:** H. JAMES STEVENSON, P.A.

**Current Principal Place of Business:**

8800 S. OCEAN DR.  
505  
JENSEN BEACH, FL 34957

**Current Mailing Address:**

8800 S. OCEAN DR.  
505  
JENSEN BEACH, FL 34957

**FEI Number:** 59-2033948

**Certificate of Status Desired:** No

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

STEVENSON, H. JAMES  
8800 S. OCEAN DR.  
505  
JENSEN BEACH, FL 34957 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            D  
Name            STEVENSON, BENJAMIN J  
Address        919 PANFERIO DR.  
City-State-Zip: PENSACOLA FL 32561

Title            PD  
Name            STEVENSON, H. JAMES  
Address        8800 S. OCEAN DR.  
City-State-Zip: JENSEN BEACH FL 34957

Title            D  
Name            STEVENSON, MARY ANN  
Address        8800 S. OCEAN DR.  
City-State-Zip: JENSEN BEACH FL 34957

*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:** H. JAMES STEVENSON

**PRESIDENT**

**01/07/2017**

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

\_\_\_\_\_  
Date