

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000115843

**Entity Name:** DAVID E. GONZALES CORPORATION (FL)

**Current Principal Place of Business:**

8016 ACORN RIDGE RD.  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

4500 SALISBURY ROAD  
SUITE 420  
JACKSONVILLE, FL 32216 US

**FEI Number:** 20-0334224

**Certificate of Status Desired:** No

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

GONZALES, DAVID E  
8016 ACORN RIDGE ROAD  
JACKSONVILLE, FL 32256 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 DP  
Name GONZALES, DAVID E  
Address 8016 ACORN RIDGE RD.  
City-State-Zip: JACKSONVILLE FL 32256

Title ST  
Name GONZALES, MARY  
Address 11138 FALLGATE POINT COURT  
City-State-Zip: JACKSONVILLE FL 32256

*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:** DAVID E. GONZALES

**MGR**

**01/09/2017**

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

\_\_\_\_\_  
Date