

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000081164

**Entity Name:** LEFAVE ASSOCIATES, INC.

**Current Principal Place of Business:**

2724 HERSCHEL STREET  
JACKSONVILLE, FL 32205

**Current Mailing Address:**

2724 HERSCHEL STREET  
JACKSONVILLE, FL 32205 US

**FEI Number: 59-3403823**

**Certificate of Status Desired: No**

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

SMITH, C. HOLT III  
233 EAST BAY STREET, SUITE 930  
SUITE 3301  
JACKSONVILLE, FL 32202 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            PRES  
Name            LEFAVE, JILL G  
Address        3903 ST JOHNS AV  
City-State-Zip: JACKSONVILLE FL 32205

Title            VP  
Name            LEFAVE, STEPHEN U  
Address        3903 ST JOHNS AV  
City-State-Zip: JACKSONVILLE FL 32205

*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: JILL G LEFAVE**

**PRESIDENT**

**03/18/2013**

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

\_\_\_\_\_  
Date