2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2012
Secretary of State

DOCUMENT# 292230

Entity Name: MERRELL L. POOLE & ASSOCIATES, INC.

Current Principal Place of Business:

4329 EMERSON ST.
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

4329 EMERSON ST.
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 59-1098127 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HYERS, J. CURTIS
1800 ATLANTIC BLVD.
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PSTD
Name: POOLE SR, RONALD R.
Address: 1126 MOLOKAI ROAD
City-St-Zip: JACKSONVILLE, FL 32216

Title: VPD
Name: POOLE, LYNN H.
Address: 1126 MOLOKAI ROAD
City-St-Zip: JACKSONVILLE, FL 32216

Title: D
Name: POOLE JR, RONALD R.
Address: 1126 MOLOKAI RD
City-St-Zip: JACKSONVILLE, FL 32216

Title: D
Name: POOLE, JOHN WILLIAM
Address: 1126 MOLOKAI RD
City-St-Zip: JACKSONVILLE, FL 32216

Title: D
Name: POOLE, DAVID M.
Address: 1126 MOLOKAI ROAD
City-St-Zip: JACKSONVILLE, F 32216

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: RONALD R. POOLE, SR PRES 03/15/2012

Electronic Signature of Signing Officer or Director Date