## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 305491** 

Entity Name: PITMAN & SONS, INC.

FILED Apr 04, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

5400 LONGLEAF STREET 2103 ATLANTIC BLVD POST OFFICE BOX 12529 JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32209

**New Mailing Address: Current Mailing Address:** 

5400 LONGLEAF STREET 2103 ATLANTIC BLVD POST OFFICE BOX 12529 JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32209

FEI Number: 59-1141542 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SLAPPEY, SUSAN P CFO 4661 EMPIRE AVE JACKSONVILLE, FL 32207 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

VΡ

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

VΡ

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition PITMAN, DONALD D. PITMAN, DONALD D. Name: Name: 5400 LONGLEAF ST. 4923 RIVER POINT ROAD Address: Address:

City-St-Zip: JACKSONVILLE, FL 32209 City-St-Zip: JACKSONVILLE, FL 32207

Title: Title: (X) Change ( ) Addition () Delete Name: PITMAN, CHARLES Name: PITMAN, CHARLES 5400 LONGLEAF ST 2103 ATLANTIC BLVD Address: Address: JAX, FL 32209 JAX, FL 32207 City-St-Zip: City-St-Zip:

Title: Title: (X) Change ( ) Addition PTS ( ) Delete PTS

SLAPPEY, SUSAN P SLAPPEY, SUSAN P Name: Name: 5400 LONGLEAF STREET 2103 ATLANTIC BLVD Address: Address: City-St-Zip: JACKONSVILLE, FL 32209 City-St-Zip: JACKSONVILLE, FL 32207

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119 Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SUSAN P SLAPPEY **PRES** 04/04/2007