

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 460041

FILED  
Feb 06, 2012  
Secretary of State

Entity Name: WILLIAM F. POOLE, IV, P.A.

**Current Principal Place of Business:**

195 WEKIVA SPRINGS RD., STE 204  
LONGWOOD, FL 32779

**New Principal Place of Business:**

456 SOTHEBY WAY  
DEBARY, FL 32713

**Current Mailing Address:**

195 WEKIVA SPRINGS RD., STE 204  
LONGWOOD, FL 32779

**New Mailing Address:**

456 SOTHEBY WAY  
DEBARY, FL 32713

FEI Number: 59-1548288

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

POOLE, WILLIAM F IV  
195 WEKIVA SPRINGS RD., STE 204  
LONGWOOD, FL 32779 US

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

POOLE, WILLIAM F IV  
456 SOTHEBY WAY  
DEBARY, FL 32713 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: WILLIAM F. POOLE, IV

02/06/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: POOLE, WILLIAM F IV  
Address: 456 SOTHEBY WAY  
City-St-Zip: DEBARY, FL 32713

Title: S/T  
Name: POOLE, ELBERTA J  
Address: 456 SOTHEBY WAY  
City-St-Zip: DEBARY, FL 32713

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: JANE POOLE

S

02/06/2012

Electronic Signature of Signing Officer or Director

Date