

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 482368

**FILED**  
**Apr 22, 2011**  
**Secretary of State**

**Entity Name:** EAST TOWN, INCORPORATED

**Current Principal Place of Business:**

425 NO LEE STREET  
100  
JACKSONVILLE, FL 32204

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 41295  
JACKSONVILLE, FL 32203

**New Mailing Address:**

**FEI Number:** 26-1465526

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PAPPAS, TED P  
425 NO LEE STREET  
100  
JACKSONVILLE, FL 32204 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:** PD  
**Name:** MILNE, DOUGLAS J  
**Address:** 425 NO LEE STREET, SUITE 100  
**City-St-Zip:** JACKSONVILLE, FL 32204

**Title:** VSD  
**Name:** PAPPAS, TED P  
**Address:** 425 NO LEE STREET, SUITE 100  
**City-St-Zip:** JACKSONVILLE, FL 32204

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:** TED P. PAPPAS

VSD

04/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date