

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 524979

Entity Name: R.A. PELLICER, INC.

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

12535 MASTERS RIDGE DRIVE  
JACKSONVILLE, FL 32225 US

**New Principal Place of Business:**

**Current Mailing Address:**

12535 MASTERS RIDGE DRIVE  
JACKSONVILLE, FL 32225 US

**New Mailing Address:**

FEI Number: 59-1715384

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PELLICER, RICHARD A.  
12535 MASTERS RIDGE DRIVE  
JACKSONVILLE, FL 32225 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: PS  
Name: PELLICER, RICHARD  
Address: 12535 MASTERS RIDGE DR  
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP  
Name: PELLICER, JANICE M  
Address: 12535 MASTERS RIDGE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32225

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: RICHARD A. PELLICER

PS

01/05/2011

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

\_\_\_\_\_  
Date