

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600279

FILED
Jan 04, 2011
Secretary of State

Entity Name: HOLBROOK, AKEL, COLD, STIEFEL & RAY, P.A.

Current Principal Place of Business:

I INDEPENDENT SQ.
2301
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

I INDEPENDENT DR.
2301
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 59-1197594

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AKEL, EDWARD C
1 INDEPENDENT SQUARE
SUITE 2301
JACKSONVILLE, FL 32202 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: PDT
Name: AKEL, EDWARD C
Address: 1 INDEPENDENT SQUARE, #2301
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: VDS
Name: COLD, KATHLEEN H
Address: 1 INDEPENDENT SQUARE, #2301
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: DV
Name: HOLBROOK, H. LEON III
Address: 1 INDEPENDENT SQUARE, 2301
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: DV
Name: AKEL, DANIEL D
Address: 1 INDEPENDENT SQUARE, #2301
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: DV
Name: STIEFEL, JOHN R JR
Address: 1 INDEPENDENT SQUARE, #2301
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: DV
Name: RAY, THOMAS R
Address: 1 INDEPENDENT SQUARE, #2301
City-St-Zip: JACKSONVILLE, FL 32202 US

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: EDWARD C. AKEL

PRES

01/04/2011

Electronic Signature of Signing Officer or Director

Date