

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 644416

FILED
Apr 18, 2011
Secretary of State

Entity Name: MCCONNAUGHAY, DUFFY, COONROD, POPE & WEAVER, P.A.

Current Principal Place of Business:

1709 HERMITAGE BLVD
SUITE 200
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

POST OFFICE DRAWER 229
TALLAHASSEE, FL 32302

New Mailing Address:

FEI Number: 59-1952362

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCONNAUGHAY, JAMES N.
1709 HERMITAGE BLVD STE 200
TALLAHASSEE, FL 32308 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: P
Name: MCCONNAUGHAY, JAMES N
Address: 1709 HERMITAGE BLVD STE 200
City-St-Zip: TALLAHASSEE, FL 32308

Title: VP
Name: THOMAS, KEMMERLY M
Address: 1709 HERMITAGE BLVD STE 200
City-St-Zip: TALLAHASSEE, FL 32308

Title: VP
Name: WAKEMAN, MARY L
Address: 1709 HERMITAGE BLVD STE 200
City-St-Zip: TALLAHASSEE, FL 32308

Title: VP
Name: DUFFY, BRIAN S
Address: 1709 HERMITAGE BLVD STE 200
City-St-Zip: TALLAHASSEE, FL 32308

Title: VP
Name: COONROD, R STEPHEN
Address: 1709 HERMITAGE BLVD STE 200
City-St-Zip: TALLAHASSEE, FL 32308

Title: T
Name: POPE, ROBERT D
Address: 1709 HERMITAGE BLVD STE 200
City-St-Zip: TALLAHASSEE, FL 32308

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: MARY L. WAKEMAN

SEC

04/18/2011

Electronic Signature of Signing Officer or Director

Date