

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003361

FILED  
Jun 13, 2011  
Secretary of State

**Entity Name:** DOCUFREE CORPORATION

**Current Principal Place of Business:**

1000 HOLCOMB WOODS PKWY  
SUITE 401  
ROSWELL, GA 30076

**New Principal Place of Business:**

**Current Mailing Address:**

1000 HOLCOMB WOODS PKWY  
SUITE 401  
ROSWELL, GA 30076

**New Mailing Address:**

**FEI Number:** 58-2483016

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAPITOL CORPORATE SERVICES, INC.  
155 OFFICE PLAZA DRIVE SUITE A  
TALLAHASSEE, FL 32301 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: CP  
Name: JENKINS, BRADLEY G  
Address: 1000 HOLCOMB WOODS PKWY SUITE 401  
City-St-Zip: ROSWELL, GA 30076

Title: DST  
Name: JENKINS, W. GUINN  
Address: 1000 HOLCOMB WOODS PKWY SUITE 401  
City-St-Zip: ROSWELL, GA 30076

Title: D  
Name: GUESS, DOUG  
Address: 1000 HOLCOMB WOODS PKWY SUITE 401  
City-St-Zip: ROSWELL, GA 30076

Title: D  
Name: MILLER, SCOTT  
Address: 100 N TAMPA STREET STE 2675  
City-St-Zip: TAMPA, FL 33602

Title: D  
Name: LOVETT, RAD  
Address: 1 INDEPENDENT DRIVE STE 1600  
City-St-Zip: JACKSONVILLE, FL 32202

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: JAMES D. GUESS

COO

06/13/2011

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

\_\_\_\_\_  
Date