

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F29418

FILED  
Feb 09, 2012  
Secretary of State

**Entity Name:** CAUTHEN & FELDMAN, P.A.

**Current Principal Place of Business:**

215 NORTH JOANNA AVE.  
TAVARES, FL 327783200

**New Principal Place of Business:**

**Current Mailing Address:**

215 NORTH JOANNA AVE.  
TAVARES, FL 327783200 US

**New Mailing Address:**

**FEI Number:** 59-2079095

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAUTHEN, WILLIAM H  
215 NORTH JOANNA AVENUE  
TAVARES, FL 32778 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: D  
Name: CAUTHEN, WILLIAM H  
Address: 215 NORTH JOANNA AVE.  
City-St-Zip: TAVARES, FL

Title: S  
Name: CAUTHEN, WILLIAM H  
Address: 215 NORTH JOANNA AVE.  
City-St-Zip: TAVARES, FL

Title: P  
Name: CAUTHEN, WILLIAM H  
Address: 215 NORTH JOANNA AVE.  
City-St-Zip: TAVARES, FL

Title: T  
Name: CAUTHEN, WILLIAM H  
Address: 215 NORTH JOANNA AVE.  
City-St-Zip: TAVARES, FL

Title: VPD  
Name: FELDMAN, H JOHN  
Address: 215 NORTH JOANNA AVE.  
City-St-Zip: TAVARES, FL

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: WILLIAM H. CAUTHEN

P

02/09/2012

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

\_\_\_\_\_  
Date