

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F69273

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** STILES, TAYLOR & GRACE, P.A.

**Current Principal Place of Business:**

315 PLANT AVENUE  
TAMPA, FL 33606

**New Principal Place of Business:**

**Current Mailing Address:**

315 PLANT AVENUE  
TAMPA, FL 33606

**New Mailing Address:**

**FEI Number:** 59-2168000

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STILES, MARY ANN  
315 PLANT AVENUE  
TAMPA, FL 33606 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: PTDS  
Name: STILES, MARY ANN  
Address: 315 PLANT AVENUE  
City-St-Zip: TAMPA, FL 33606

Title: DVP  
Name: GRACE, ROBERT  
Address: 315 PLANT AVENUE  
City-St-Zip: TAMPA, FL 33606

Title: DVP  
Name: TAYLOR, RAYFORD H  
Address: 3355 LENOX RD STE 600  
City-St-Zip: ATLANTA, GA 30326

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 ANN STILES

P

04/30/2011

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

\_\_\_\_\_  
Date