

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F88852

FILED  
Jan 16, 2012  
Secretary of State

**Entity Name:** BOND, ARNETT, PHELAN, SMITH & CRAGGS, P.A.

**Current Principal Place of Business:**

101 SW 3RD ST  
OCALA, FL 34471

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2405  
OCALA, FL 34478

**New Mailing Address:**

P.O. BOX 2405  
OCALA, FL 34478

**FEI Number:** 59-2200471

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BOND, M. THOMAS JR.  
101 SW 3RD ST.  
OCALA, FL 34471 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: BOND, M THOMAS JR  
Address: 4861 SE 17TH ST  
City-St-Zip: OCALA, FL 34471

Title: V  
Name: PHELAN, WILLIAM H JR  
Address: 1851 NW 16TH STREET  
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: VP  
Name: SMITH, CHARLES M  
Address: 2121 SE 11TH ST  
City-St-Zip: OCALA, FL 34471

Title: S  
Name: CRAGGS, ANN MELINDA  
Address: 110 N.W. 1ST AVENUE  
City-St-Zip: OCALA, FL 34475

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: M.THOMAS BOND, JR.

P

01/16/2012

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

\_\_\_\_\_  
Date