

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F96595

**FILED**  
**Mar 15, 2012**  
**Secretary of State**

**Entity Name:** FATHER & SON ASSOCIATES, INC.

**Current Principal Place of Business:**

4909 N. MONROE STREET  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

**Current Mailing Address:**

4909 N. MONROE STREET  
TALLAHASSEE, FL 32303

**New Mailing Address:**

**FEI Number:** 59-2349903

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

A. LANCE COALSON  
4909 N. MONROE STREET  
TALLAHASSEE, FL 32303 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: PD  
Name: COALSON, ALVIN LANCE  
Address: 6375 THOMASVILLE RD  
City-St-Zip: TALLAHASSEE, FL 32312

Title: ST  
Name: COALSON, A. LANCE  
Address: 6375 THOMASVILLE RD  
City-St-Zip: TALLAHASSEE, FL 32312

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: A. LANCE COALSON

PRES

03/15/2012

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

\_\_\_\_\_  
Date