

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G91617

FILED  
Apr 18, 2011  
Secretary of State

**Entity Name:** JIM LECOUNT & ASSOCIATES, INC.

**Current Principal Place of Business:**

3049 50TH ST S.W.  
NAPLES, FL 34116

**New Principal Place of Business:**

**Current Mailing Address:**

3049 50TH ST S.W.  
NAPLES, FL 34116

**New Mailing Address:**

FEI Number: 59-2400971

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LECOUNT, JIM  
3049 50TH ST SW  
NAPLES, FL 34116 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: LECOUNT, JIM  
Address: 3049 50TH ST S.W  
City-St-Zip: NAPLES, FL 34116

Title: VS  
Name: LECOUNT, DIANE  
Address: 3049 50TH ST SW  
City-St-Zip: NAPLES, FL 34116

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: DIANE LECOUNT

VS

04/18/2011

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

\_\_\_\_\_ Date