

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J84901

FILED  
Jan 25, 2011  
Secretary of State

**Entity Name:** ELIZABETH JASON CORPORATION

**Current Principal Place of Business:**

5150 NORTH OCEAN DRIVE  
2100  
RIVIERA BEACH, FL 33404

**New Principal Place of Business:**

5150 NORTH OCEAN DRIVE  
2100  
S, FL 33404

**Current Mailing Address:**

BOX 400  
NAPLES, FL 34106 US

**New Mailing Address:**

5150 NORTH OCEAN DRIVE  
2100  
S, FL 33404

**FEI Number:** 59-2830633

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ORLICH, P. DANIEL  
5150 NORTH OCEAN DRIVE  
2100  
RIVIERA BEACH, FL 33404 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: DP  
Name: ORLICH, P. DANIEL  
Address: 5150 N. OCEAN DRIVE  
City-St-Zip: RIVIERA BEACH, FL 33404

Title: DV  
Name: CRUISE, ERICKA  
Address: 5150 N. OCEAN DRIVE #2100  
City-St-Zip: RIVEIRA BEACH, FL 33404

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: ERICKACRUISE

DV

01/25/2011

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

\_\_\_\_\_  
Date