# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 18, 2012**
**Secretary of State**

DOCUMENT# M76372

**Entity Name:** CONIFER RIDGE, INC.

**Current Principal Place of Business:**

ONE INDEPENDENT DRIVE
STE 1600
JACKSONVILLE, FL 322021902 US

**New Principal Place of Business:**

**Current Mailing Address:**

ONE INDEPENDENT DRIVE
STE 1600
JACKSONVILLE, FL 322021902 US

**New Mailing Address:**

**FEI Number: 59-2883003** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

SHIELDS, DAVID R
1 INDEPENDENT DR
SUITE 1600
JACKSONVILLE, FL 32202 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: S
Name: MELLO, JEANNINE B
Address: ONE INDEPENDENT DR, # 1600
City-St-Zip: JACKSONVILLE, FL 32202

Title: DP
Name: LOVETT, WILLIAM R II
Address: INDEPENDENT DR. STE. 1600
City-St-Zip: JACKSONVILLE, FL 32202

Title: VT
Name: SHIELDS, DAVID R
Address: 1 INDEPENDENT DR STE 1600
City-St-Zip: JACKSONVILLE, FL 32202

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: JEANNINE B MELLO S 04/18/2012

Electronic Signature of Signing Officer or Director — Date