

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000078311

**FILED**  
**Jan 17, 2011**  
**Secretary of State**

**Entity Name:** J. L. CASCONI AND ASSOCIATES, INC.

**Current Principal Place of Business:**

C/O GARY W. LEE, 1326 PONTE VEDRA BLVD  
PONTE VEDRA BEACH, FL 32082

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 350697  
JACKSONVILLE, FL 32235

**New Mailing Address:**

**FEI Number:** 59-3664891

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEE, GARY W  
1326 PONTE VEDRA BLVD  
PONTE VEDRA BEACH, FL 32082 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: D/P  
Name: CASCONI, JOHN L P  
Address: PO BOX 350697  
City-St-Zip: JACKSONVILLE, FL 32235

Title: D/T  
Name: LEE, GARY W T  
Address: 1326 PONTE VEDRA BLVD  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: JOHN L. CASCONI

PRES

01/17/2011

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

\_\_\_\_\_  
Date