

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000000368

**FILED**  
**Apr 11, 2011**  
**Secretary of State**

**Entity Name:** ALBRITTON LAWYERS, P.A.

**Current Principal Place of Business:**

100 MADISON ST, STE 302  
TAMPA, FL 33602

**New Principal Place of Business:**

13724 CHESTERSALL DR  
TAMPA, FL 33624

**Current Mailing Address:**

100 MADISON ST, STE 302  
TAMPA, FL 33602

**New Mailing Address:**

13724 CHESTERSALL DR  
TAMPA, FL 33624

**FEI Number:** 59-3690688

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALBRITTON, A. DALLAS  
100 MADISON ST, STE 302  
TAMPA, FL 33602 US

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

ALBRITTON, A. DALLAS  
13724 CHESTERSALL DR  
TAMPA, FL 33624 US

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

04/11/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ALBRITTON, A. DALLAS  
Address: 13724 CHESTERSALL DR  
City-St-Zip: TAMPA, FL 33624

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 DALLAS ALBRITTON

PD

04/11/2011

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

\_\_\_\_\_  
Date