

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000022663

FILED
Feb 16, 2011
Secretary of State

Entity Name: RELOCATION ASSURANCE CORPORATION

Current Principal Place of Business:

815 S MAIN ST
ATTN: LORI EISCHEN
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

PO BOX 48088
ATTN: LORI EISCHEN
JACKSONVILLE, FL 32247

New Mailing Address:

FEI Number: 59-3702971

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARNETT, JAMES G
815 S MAIN ST
JACKSONVILLE, FL 32207 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: KELLY, SCOTT
Address: 815 S MAIN ST
City-St-Zip: JACKSONVILLE, FL 32207

Title: D
Name: SUDDATH, STEPHEN M
Address: 815 S MAIN ST
City-St-Zip: JACKSONVILLE, FL 32207

Title: VD
Name: BARNETT, JAMES G
Address: 815 S MAIN ST
City-St-Zip: JACKSONVILLE, FL 32207

Title: V
Name: WOODALL, DEBORAH
Address: 815 S MAIN ST
City-St-Zip: JACKSONVILLE, FL 32207

Title: D
Name: VAUGHN, BARRY S
Address: 815 S MAIN ST
City-St-Zip: JACKSONVILLE, FL 32207

Title: SD
Name: STRICKLAND, BARBARA S
Address: 815 S MAIN ST
City-St-Zip: JACKSONVILLE, FL 32207

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: JAMES G. BARNETT

VD

02/16/2011

Electronic Signature of Signing Officer or Director

Date