

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000086202

**FILED**  
**Mar 24, 2011**  
**Secretary of State**

**Entity Name:** LOFTON SQUARE PROPERTIES, INC.

**Current Principal Place of Business:**

2801 ST. JOHNS BLUFF ROAD  
SUITE 4  
JACKSONVILLE, FL 32246

**New Principal Place of Business:**

1890 S. 14TH STREET  
SUITE 200  
FERNANDINA BEACH, FL 32034

**Current Mailing Address:**

P.O. BOX 706  
FERNANDINA BEACH, FL 32035

**New Mailing Address:**

**FEI Number:** 59-3744393

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TREVETT, HARRY R  
2801 ST. JOHNS BLUFF ROAD  
SUITE4  
JACKSONVILLE, FL 32246 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  
Name: TREVETT, HARRY R  
Address: 2801 ST. JOHNS BLUFF ROAD SUITE 4  
City-St-Zip: JACKSONVILLE, FL 32246

Title: OFF  
Name: MOCK, WILLIAM J JR  
Address: 2801 ST. JOHNS BLUFF ROAD SUITE 4  
City-St-Zip: JACKSONVILLE, FL 32246

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: WILLIAM J. MOCK, JL

OFF

03/24/2011

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

\_\_\_\_\_  
Date