

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000088951

**FILED**  
**Mar 30, 2012**  
**Secretary of State**

**Entity Name:** ANDREW COPELAND ARCHITECT, P.A.

**Current Principal Place of Business:**

1419 E FORT KING STREET  
OCALA, FL 34471 US

**New Principal Place of Business:**

2615 SE 25TH CT.  
OCALA, FL 34471 US

**Current Mailing Address:**

1419 E FORT KING STREET  
OCALA, FL 34471 US

**New Mailing Address:**

PO BOX 2886  
OCALA, FL 34478 US

**FEI Number:** 59-3743099

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COPELAND, JAMES A  
1419 E FORT KING STREET  
OCALA, FL 34471 US

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

COPELAND, JAMES A  
2615 SE 25TH CT.  
OCALA, FL 34471 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: JAMES A. COPELAND

03/30/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: COPELAND, JAMES A  
Address: 2615 SE 25TH CT.  
City-St-Zip: Ocala, FL 34471

Title: VD  
Name: COPELAND, JAMES A  
Address: 2615 SE 25TH CT.  
City-St-Zip: Ocala, FL 34471

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 A. COPELAND

PSTD

03/30/2012

Electronic Signature of Signing Officer or Director

Date