

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000004678

**FILED**  
**Feb 13, 2012**  
**Secretary of State**

**Entity Name:** ALCORN, WARD, & PARTNERS, INC.

**Current Principal Place of Business:**

2075 OAK WATER DR.  
JACKSONVILLE, FL 32225

**New Principal Place of Business:**

**Current Mailing Address:**

2771-29 MONUMENT RD. #329  
JACKSONVILLE, FL 32225

**New Mailing Address:**

**FEI Number:** 20-0549395

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WARD, DESIREE A  
2075 OAK WATER DR  
JACKSONVILLE, FL 32225 US

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

PINDER, DESIREE A  
261 PORTA ROSA CIRCLE  
SAINT AUGUSTINE, FL 32092 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: DESIREE PINDER

02/13/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: PINDER, DESIREE A  
Address: 261 PORTA ROSA CIRCLE  
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: P  
Name: ELKINS, DIANE P  
Address: 10243 BRIGADE DR.  
City-St-Zip: FAIRFAX, VA 22031

Title: DIR.  
Name: PINDER, DESIREE A  
Address: 261 PORTA ROSA CIRCLE  
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: DIR.  
Name: ELKINS, DIANE P  
Address: 10243 BRIGADE DR.  
City-St-Zip: FAIRFAX, VA 22031

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: DESIREE PINDER

VP

02/13/2012

Electronic Signature of Signing Officer or Director

Date